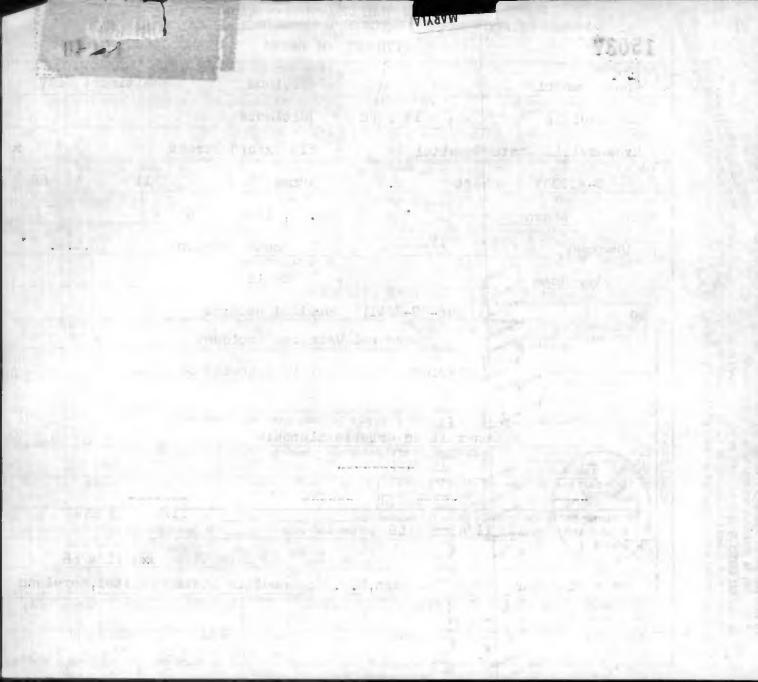
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached for use as the burial-transit permit. These should be filed with the State Dept. of Health prior to burial, cremation, ar remayar

VR A15 (III) 20 M 1/66

10001	CERTIFICATI	. OF DEATH		15.50
I. PLACE OF DEATH			here deceosed lived, if institution:	
" Anne Arundel	MARYLAND	o Maryland	. Ball	timore City
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Crownsviile	c. LENGTH OF STAY IN 1b		side corporate limits, write RURAL	and give nearest town)
Crownsville	15 days	Baltimor	2	30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State Ho	spital	518 Oxfo	rd Street	YES NO X
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) 3-#35337 RODE	rt S.	Adams	DEATH	4 1966
S. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	Sout Lietheless K	FUNDER 1 YEAR IF UNDER 24 HRS. Annths Doys Hours Min.
Male Negro WIDOW		Aug. 5, 190	177	
	b. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRYS A
during most of working life, even if retired) Unknown	*****		Carolina	W.S.A.
13. FATHER'S NAME	*	14. MOTHER'S MAIDEN N		
Peter Adam	16. SOCIAL SECURITY NO! 17.	Essie	Address	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?- (Yes, ng, ar unknown) (If yes give war ar dotes of service)		T.		
No `	248-09-2041	Hospital Re	Corus	INTERVAL DETINEEN
1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		Vascular Ac	cident	ONSET AND DEATH
IMMEDIATE CAUSE (o)			0200110	
	rteriosclerotic	Cardio Vas	cular Disease	
rise to immediate cause (a),				
stoting the underlying couse (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
Gend	eralized Arteri	osclerosis		PERFORMED? YES NO X
20g. ACCIDENT WAS UNDERLYING ☐ 20g	D. DESCRIBE HOW INJURY OCCURRED.		Port I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	`	-		
		CE OF INJURY (Home, form,		(County) (Stote)
p.m. 19 of	While Mot While of for	tory, street, office bldg., etc.)		V .
21. I certify that (I) (this haspital) at		, 1	9, ta11/4	_, 19_65 that (I) (we) last
saw the deceased alive on 111	19 <u>66</u> , and the	it death accurred at	M, tram causes an	d an the date stated above. 22b. DATE SIGNED
284. SIGNATURE DO TO HODE OF OF	Noine	ATTENDING PHYS.	MÊD, DIRECTOR PHYS.	11/4/66
22c. PHYSICIANIS	The same of the sa	22d. ADDRESS	4	
NAME (Type) Hildegard Hea	rd Reissman, M. D		Lle State Hosp	ital,Maryland
230. BURIAL-CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY A	23ds, LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	U. 9 (My) 1)	harl de bright	Bultimon	11 /
24. FUNERAL DIRECTOR	ADDRESSERIO	14 7 1977	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE



Pages 1 and 2

Certificate be executed within 24 hours after death

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been

Division of STATISTICAL RESEARCH AND RECORDS, 301 ne

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15038	8		CERTIFICAT		75/1/		150	141
o. COUNTY	Anne Aruno		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceose rland	d lived, if institut b. COUI	NTY	rund el
b. CITY OR TOWN (write RURAL on Annap	If outside corporate limit d give nearest town) D118	5,	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF C	outside corporote - Annap		RAL and give neare	- /
	TAL OR INSTITUTION (If no let General			d. STREET ADDRESS Rt-5. I	Box-27-	A		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Osley	oslar	Middle Gordon	ALLEN	4. DATE OF DEATH	Novembe		19 66
s. sex	6. COLOR OR RACE Negro	7, MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Jan. 21, 19		AGE (In years lost birthdoy) Yrs.	Months Doys	Hours Min.
100. USUAL OCCUPATION during most of working Gen. Uti	N (Give kind of work done life, eyen if refired)		OF BUSINESS OR ISTRY	11. BIRTHPLACE (Count		eign country) aryland	12. CITIZEN C COUNTRY	OF WHAT
(Yes, no, or unknown) 18. CAUSE OF DI PART I. DEA 443 X Conditions, if any rise to immediat stating the unde	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of the course only one country with the course of the course of the course (o), orlying course of the cou	use per line for (o) TO (b) TO (c)	4-05-0860	Alman stasj ĉ	Allen hag My	Rt 5	Box 27/	TERVAL BETWEEN NSET AND DEATH
(IF EITHER, NOTIFY 20c. TIME OF INJU-	G CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Yeor m.	20d. INJU	Not While fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	rm, 20f.	(City or town)	(County)	(Stote)
21. I certi	ify that (1) (this do	E A METE SERVICE LE	CA	at death occurred of A.D. ATTENDING PHYS. 22d ADDRESS	19, to	STAFF PHYS. C	ond on the do	
230. BURIAL, CREMATII REMOVAL (Specify			23c. NAME OF CEMETERY OF			ATION (City or To	own) (Count	y) (Stote) Md

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR C.E. Hicks, 111

Asbury Broadneck Annapolis, Maryland

250. REC'D BY REGISTRAR NOV 2 3

A.A.Co

ISTRAR

25. REGISTRAR'S SIGNATURE

23. 1966 Md

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the the and physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15039

CERTIFICATE OF DEATH

15()42

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before edmission)				
	*. COUNTY Anne Arundel MARYLAN	e. STATE / / b. COUNTY Anne Amindel					
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN		give negrest town)				
	write RURAL and give neerest town) Severna Park 2 yrs.	Severna Park	9.70 11001031 1077.17				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE				
	Earleigh Heights Rd.	Earleigh Heights Rd.	ON A FARM?				
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Year				
	(Type or print) William Nicholas	Allender, DEATH 11	2 1966				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I) Jest birthdey) Months D					
X	white WIDOWED DIVORCED	6-29-1892 [Jest piritidey] Months D	eys Hours Min.				
10	e. USUAL OCCUPATION (Give kind of work open during most of working life, even if retired)	USTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
	Ret. Mechanic Balto. City	Maryland	A				
13	FATHER'S NAME Nicholas	14. MOTHER'S MAIDEN NAME					
1	Wisking Allender, 50.	Clara A. Holland					
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1		W = H1				
	No 2/2/28/35	r. Howard C. Allender, 1658 Myamby	Kd. #4				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	**	INTERVAL BETWEEN				
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dryocardial	infarelon .	ONDET AND DEATH				
	4201 DUE TO	10	1 1				
	Conditions, if any, which \ (b) Cororary	acelunos	Jul vo-				
	geve rise to immediate cause (a), stating the undarlying DUE TO	-A N D . A 132.					
	couso lost. (c) Cepteryolice	the Cardiovanular desian					
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?				
18			YES NO				
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING CAUSE OF DEATH	URRED. (Enter nature of injury in Part I or Pert II of item 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun factory, street, office bldg., etc.)	ly) (Stete)				
A ED	Hour a.m. While Not While et work et work						
	21. I certify that (I) (this hospital) attended the deceased from	om 19.,, to	, that (I) (we) last				
	saw the deceased alive on	hat death occurred at 30/th, from the causes and on the	date stated above.				
П	220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED				
	(Im Smith	M.D. PHYS. DIRECTOR PHYS 2	ov. 2,1966				
	22c. PHYSICIAN'S NAME (Typs) RAY M. SMITHMO	22d. ADDRESS Severna Park m	1.				
22	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	ERY OR CREMATORY 23d, LOCATION (City, lown or county	(State)				
	BEMOVAL (Specify) 11/5/66. Loudon Pa	0 1					
24	FUNERAL DIRECTOR'S SIGNATURE	AA / 258. REC'D BY REGISTRAR 25b. REGISTRAR'S S					
1	eonard J. Ruck, Inc. Baltimore,	Md. DATE NOV 7. 1966 Ichan	les Judge				
-							

VR A15 (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest lownwrite RURAL and give flearest town Aur filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS completely papers. n 72 ho 3. NAME OF Middle DATE 4. Month DECDARED OF (Type or print) DEATH 5 carbon withi 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) WIDOWED DIVERCED rysician 940 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 100 affendi Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address OVal, (Yes, no for unkown) | (If yes give werer dates of service) requires that physician. 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), by PART I. DEATH WAS CAUSED BY. 6 signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO burial, le), stating the underlying cause lest. the PHYSICIAN: ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION hospital 2 0 use 0 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) 7 for OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED I 201. (City or lown) factory, street, office bldg., etc.) While Not While Hour a.m. ö DIRECTOR: / 3 should be det at work at work 21. I certify that (I) (this hospital) attended the deceased from 1955 966 -, 19 ..., that (1) (we) last 19 (C.19......, and that death occurred at O.F.M. from the causes and on the date stated above. saw the deceased alive on.../ may 228. SIGNATURE ATTENDING_ 63 DIRECTOR PHYS. PHYS. HOSPITAL page with t FUNERAL 22c. PHYSICIAN'S 22 d. ADDRESS NAME (Type) filed, death. 230. AURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) CEMETERY OR CREMATORY S & S 250, REC'D BY/REGISTRAR 25b. REGISTRAR'S SIGNATURE FUMERAL DIRECTOR'S SIGNA ADDRESS VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? NOX

YES T

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

State)

SIGNED

YES

(County)

12. CITIZEN OF WHAT COUNTRY?

Months

IF UNDER 24 HRS.

20M 5-63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

15044

PLACE OF O. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (1 a. STATE Mary	Where deceosed lived, if institution b. COUN	
b. CITY OR	TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		utside carparote limits, write RUR	AL and give neorest tawn)
W/IIC K	URAL and give negrest town) Annapolis	1 day	RURAL:	Shady Side	02.1
	F HOSPITAL OR INSTITUTION (If not in hospite		d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?
Anne	Arundel General Hos	oital	Avalon	Shores	YES NO
3. NAME OF DECEASED (Type or p	U	Middle Frank	BEINLICH	4. DATE Month OF DEATH Novemb	er 22 19 66
S. SEX	6. COLOR OR RACE 7. MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hauts Min.
Male	White WIDOW	ED DIVORCED	Jan. 21, 18	95 71 yrs.	
	working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY rinting Office	11. BIRTHPLACE (County	& Stote, or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY 3
13. FATHER'S	NAME		14. MOTHER'S MAIDEN		
	Unknown			Unknown	
(Yes, na, ar un	ASED EVER IN U.S. ARMED FORCES? Iknown) (If yes give war or dates af service) 1-1916 8-31-1921		INFORMANT 1 dred E. Bei	Addres	
	SE OF DEATH (Enter only one cause per line RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7 11 11	Clatin + C	ardie avres	INTERVAL BETWEEN ONSET AND DIATE
	DUE TO ns, if any, which gave nmediate couse (a),	Myocardial	waret	eon	3 days
stating t	he underlying cause (c) (c)	teriscorate.		isease c coron	NUMBER OF STREET
NOLLY.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	the state of the s	Ottles	NDITION GIVEN IN PART 1(0)	18/ WAS AUTOPSY PERFORMED? YES NO MA
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 1B.)	
20c. TIM			ACE OF INJURY (Hame, farm tory, street, office bldg., etc.)	(County) (State)
sow	I certify that (I) (this cosposit att	ended the deceased from_		M, fram couses of	and on the date stoted obove
220. 510	willoud or	Brutto "	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2 /66
	YSTRIAN'S ME (Type) Willard F. Smi		Sha	ady Side, Md.	
23a. BURIAL, REMOVA	l (Specify) rial Nov. 25-196		Vat'l. Cem.	Arlington.	Virginia
24 FLANERAL	many profession of the same of	ADDRESS		D BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE
Simm	one Bros 1661-Good	Hope Rd SE Was	h DC DATE	NOV 2 3 1966	Who o

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. There pleate remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, cremation, ar remaval page, in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate b≡ executed within 24 Haurs after death. Page 4 may be retained by the haspital ar attending physician.

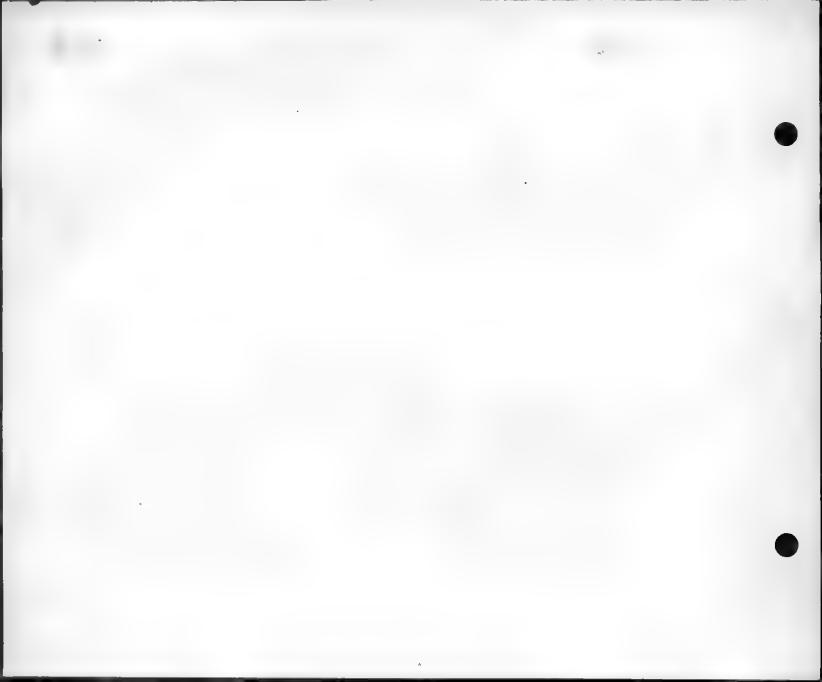
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CERTIFICATE OF DEATH

15045

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death and and death		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)
funeral and a mod		a. COUNTY D. B. COUNTY D. D. COUNTY
after ne full ges 1 after	1_	MARYLAND PLA AA
the aft		b. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
within 24 haurs after rely filled in by the fu rbon papers. Pages 1 , within 72 hours after		write RURAL fand give nearest tayin 70 7 + 8 Tra 10 C 4 / 10
10 p	-	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e is residence.
4 Lir		ON A FARM?
filled in 1 papers. thin 72 ha		YES NO DE
with the with	3.	NAME OF /First / Middle D *Lost 4 DATE , Month Day Year
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mplet /e car event,	-	The supply with the transfer of the supply with the supply wit the supply with the supply with the supply with the supply with
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e executed withing and completely fremave carbon nany event, with	1	WIDOWED DIVORCED 11-15, 88 77 YIS
certificate be executed physician and camples then please remave carriboval, and in any event	10	a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. 81RTHPLACE (County & Stote, or foreign country) 12 CTTIZEN OF WHAT
Se a		riping most of working life, even if retired) COUNTRY (COUNTRY)
cate be sician o please , and ii		irrunan tire Dept Suddyside Md USH
physician physician en please oval, and	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
ph)		Odr Benning treducks with
2 27	13	WAS DECEASED EVER IN U.S. ARMED FORCES? 1/16 SOCIAL SECURITY NO 17 INFORMANT Address
E EFF		es, no, or Linknown) (If yes give wor or dates of service)
that the death ce an. by the attending I ransit permit. The		·NU 213365659 6 IMER Beyning Led les VILLE 140.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
s that the cian. d by the transit cremat		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) / Wycardial inforcing ONSET AND DEATH ONSET A
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sici sici adda adda adda adda adda adda adda a		Conditions, if ony, which gove)
physical phy		are to immediate cause (a)
		stating the underlying rause \ DUE 10
ending ending s been as the orior ta		last. (1) Cornary enrythelines
	1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 4 19 WAS AUTOPSY
든하수였수	CERTIFICATION	PERFORMED?
	3	Contract of the state of the st
IAN ficat ficat ficat ficat ficat	15	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW WILKY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18)
SICT Spits spits and a spits after a spits a s		LIFETHER NOTICY MEDICAL EXAMPLED
S PHYSIC the haspi this certi detached e Dept. a	MEDICAL	20x TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (Stote)
be this	lè	Haur o.m. While Nat While Cactary, street, affice bldg , etc.)
by the control of the	1	p.m. 17 at wark at work
A P P P P P P P P P P P P P P P P P P P		21. Lettily that (1) (this haspital) attended the deceased from (1) (we) last
		saw the deceased alive an North 19 66 and that death accurred at 3 AM, fram causes and an the date stated abave.
ATTE		220. SIGNATURE _ 27 22b. DATE SIGNATURE
~ ~ <u>~</u> ~ ~ ≥		M.D PHYS. DIRECTOR D STAFF DI 11/8/66
ral OR and be and be all be al		
		22c. PHYSICIAN'S NAME (Type) (AL) MAN F Smith MAN 22d ADDRESS Shady Side Med.
E E E : 4	′ L_	Millara 1. Sittle Mol State State , 100
Page 4 may or FunkRal director, pa	23	a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page direct shaul		REMOVAL (Specify) 1-11.66 9.11 RDR
5 5	1	4 FUNERAL DIRECTOR , / ADDRESS / 250. REC'D BY REGISTRANT SIGNATURE
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

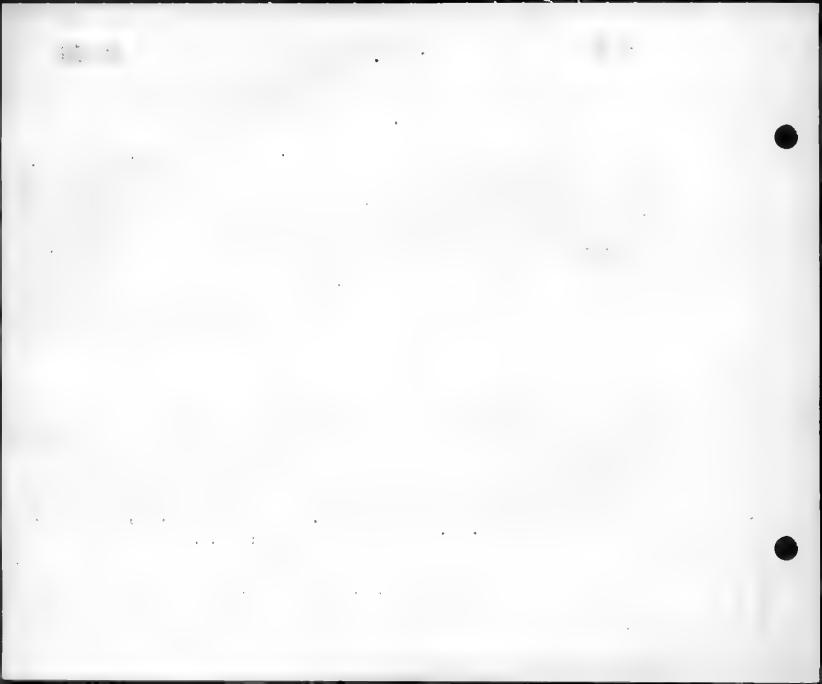
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.CERTIFICATE OF DEATH

15046

7 .							
	PLACE OF DEATH				Where deceased lived, if institu		ізѕюя)
A STATE OF THE STATE OF	a. COUNTY	Anna Arunda I	55 à P.5/3 à s.P.	a STATE	land b. cot	Anne Arun	dol
		Anne Arundel	MARYLAND 1 c. LENGTH OF STAY IN 16	Mary Mary	itside corporate limits, write RE		
		give neorest town)					·ļ
	A	nnapolis	l hr.		polis	02.1	
- 0	d NAME OF HOSPITA	AL OR INSTITUTION (If not in haspital, g	give street address)	d. STREET ADDRESS		e IS R	ESIDENCE A FARM?
[3]	An	ne Arundel Genera	l Hospital	70 W	. Washington		
	3 NAME OF	Einst 4	Middle	Last	4 DATE Mar	ith Day	Year
	(Type ar print)	6/111		BERNARD	DEATH Novembe	r 11	19 66
	S SEX	6 COLOR OR RACE 7 MARRIED	NEVER MARRIED X E	B. DATE OF BIRTH	9 AGE (in years last birthday)		DER 24 HRS.
	Male	Negro WIDOWED	DIVORCED N	ovember 11,	1966 YIS.	Months Days Hou	rs Min
	10g USUAL OCCUPATION	(Give kind of work done 10b KI	ND OF BUSINESS OR IDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT	
	during most of working I	ite, even it retired) IN		Maryland	COUNTRY?	. S.	
	13. FATHER S NAME	1 ()	. 0	14. MOTHER'S MAIDEN		7	
	(LARO	Blu Xemi	shell	Roum	O. Ray GAY	mon	,
1	19 WAS DECEASED EVE	R IN L 5 ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Addi	ress /	hil
	(Yes, no or unknown)	(If yes give war ar dotes of service)	13	antran	2 astrus A	mil EMM	2,111
+	I ID CAUSE OF DE	ATH (Enter anly one couse per time for	(a) (b) and (d)	D COOC	7-100000	INTERVAL	RETWEEN
	PART 1 DEAT	TH WAS CAUSED BY.	MMATURITY			ONSET AN	
		Inimicolitic Globe (G)	PRINCIONITY				
	Canditians, if any,	DUE TO					
	rise to immediate	e cause (a), DUE TO					
	stating the under	lying couse					
	last.) (c)			The state of the s	19 WAS A	AUTOPSY
	FART IF OTHER SIC	GNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(a)	PERFO	IRMED?
0	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{					YES	NO AK
	200 ACCIDENT WAS		SCRIBE HOW INJURY OCCURRED (Enter noture of injury in	Part I or Part II of Item 18.)		
		MEDICAL EXAMINER)					
	20c TIME OF INJU			E OF INJURY (Hame, farm ory, street, affice bldg , etc.		(County)	(State)
	p.n.	n. 19 at wark	k 🗀 at wark 🔲				
	21. I certif	by that (I) (this income and attenu	ded the deceased from	NOV.	966 to Nov.	11, 19 69 that (I) (w 3) last
	saw the de	eceased alive an Nov.	1, 19 66, and that	death occurred at	-10-M fram causes	and an the date sta	ted abave.
	220 SIGNATURE	1 1 11		ATTENDING	MED. STAFF	22b. DATE SIGNED	
	1 CK	artes 1 10	receve M.C	PHYS KAL	DIRECTOR PHYS.	November	12,1966
,	22c PHYSICIAN'S NAME (Type)		1	22d ADDRESS	£ 614. 0	anna Dank M	al .
/		Chartes b. He	argrove M. D.		of. Bldg., Sev		u.
0	23g. BURIAL, CREMATIO		23c, NAME OF CEMETERY OR	CREMATORY	238 LOCATION (City of To	owe) (Pounty)	(State)
1	REMOVAL (Specify)	11-15-66	1saeme	2 Hell	MAURICA	L'IUS V	100
Q	24. FUNERAL DIRECTO	2 2	ADDRESS	25a. RES	PAY REGISTRAR 19 256.	EGISTRAR'S SIGNATURE	war.
	1/1/1/1/	am1 K 00 DD	FI PARAGE	////X/ DATE TO	AT TO 1000		0

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the sentificate be exacted within 2s haurs after Beath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please employ carban papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, cremation, ar removal, and any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.



23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Annapolis

23d. LOCATION (City or Town)

Suitland

2Sq. REC'D BY REGISTRAR

(County)

2Sb. REGISTRAR'S SIGNATURE

(Stote)

23b. DATE THEREOF

11/17/66

Hopping

23g. BURIAL, CREMATION.

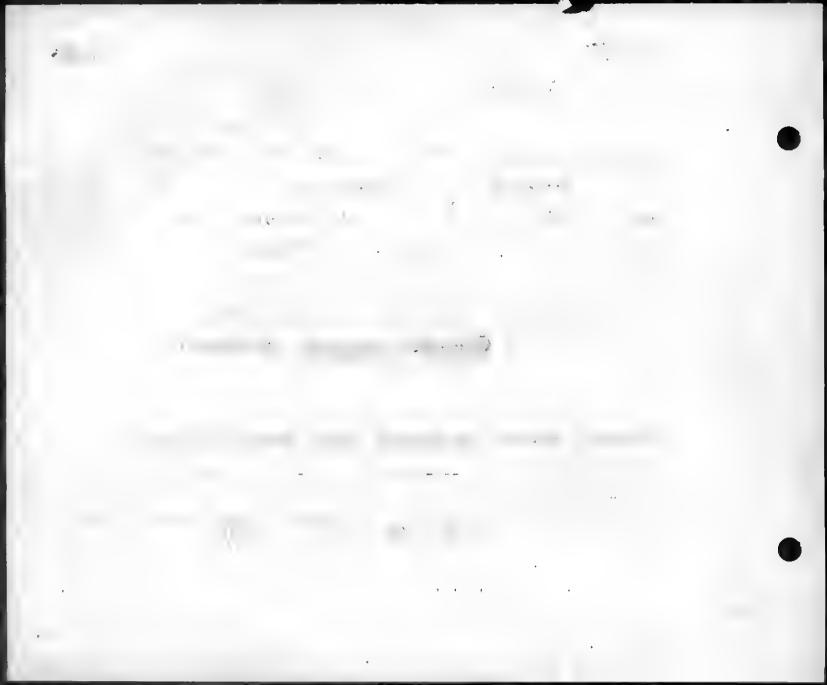
REMOVAL (Specify)

Hopping Funeral Home

ease remave carbon papers. Pages 1 and in any event, within 72 haurs after .⊑ campletely and rsician c please burial, crematian, signed by the burial-transit as the priar tal Page 4 may be retained by the hospital ar attending has been far use Health p certificate State Dept. of detached director, page 3 shauld should be filed with the DIRECTOR: O FUNERAL VR A15 (4) 20 M 1/66

8 8

The law requires that the death certificate be executed within 24 haurs after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15045

CERTIFICATE OF DEATH

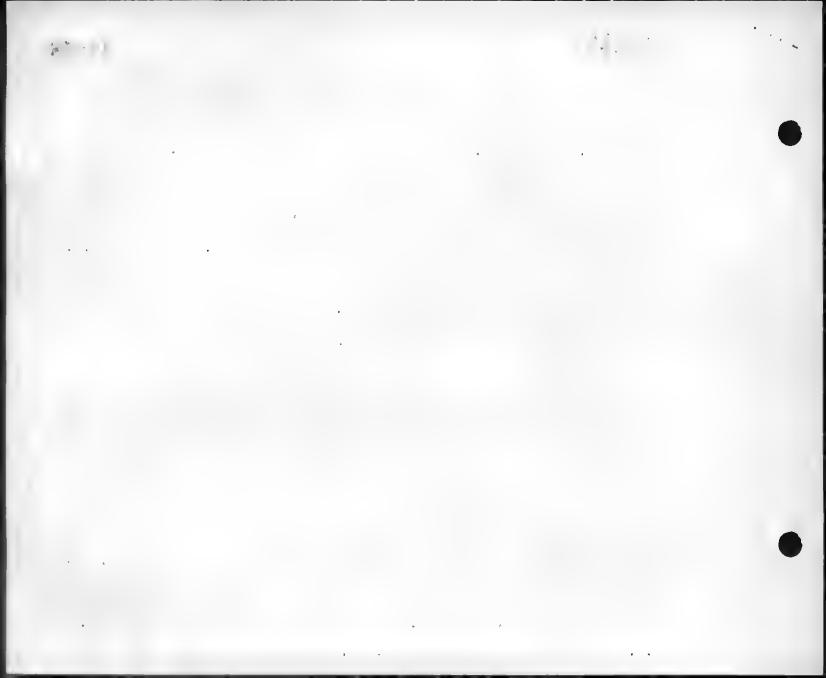
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							A MCHAI DECIDENCE OF	(1) 1 - 1 - 1 1 1 1 1	In the Australia Charles	- bal
1		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)			
1	0	a. COUNTY	ANNE ARUNC		MARYLA	ND	MARYLAND B. COUNT ANNE ARUNOEL			
	b	CITY OR TOWN II	autside carparate imits	[c l	ENGTH OF STAY IN		c CITY OR TOWN (If ou	tside corparate I mits, w	rite RURAL and aive	negrest town)
/		write RURAL and	give nearest town)	, ,				N BURNIE	1	,
			N BURNIÉ		10 YRS)		IN DOMINAL		No occupance
	d	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in I	raspital, give st	reet address)		d STREET ADDRESS			e IS RESIDENCE On a Farm?
			N. CHARTER F	10.				HARTER RO		YES NO 🔀
		NAME OF	First		Middle		East	4. DATE OF NICE	Manth	Day Year
	[DECEASED (Type or print)	ETHEL				BOUNO	DEATH IND	VEMBER	22 19 66
	5 5		6 COLOR OR RACE 7 A	MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In y		I YEAR IF UNDER 24 HRS.
		FEMALE		IDOWED X	DIVORCED	ΗΙ.	JULY 7. 188	31 S5	day) Manths	Doys Hours Min.
	.0				BUSINESS OR	,		& State or foreign countr	3	TIZEN OF WHAT
	durii	ng most of working	(G ve kind of work dane life, even if retired)	INDUSTR	Y			_		UNTRY?
		HOUSE	WIFE (RET) 04	INHOME		SCRANTO	IN, PA.	LJ LJ	I.S.A.
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	MAME		
			WILLIAM BARN	MUL	(0050))	ELEAN	IOR RANDOL	PH (OCSO)
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of serv	16. SOCIAL	SECURITY NO	17 1	NFORMANT		Address	
	(Ye	s, na, ar unknown) N ()	(It yes give war ar dates at serv	rice)	IONE	MR:	BETTY RE	THILL S	AME AR #	1 2
	_		ATH (Enter only one cause pe							INTERVAL BETWEEN
		PART I. DEAT	H WAS CAUSED BY	e titles for for, fi	017.00	- 01	- 000			ONSET AND DEATH
		IMMEDIATE CAUSE (o)								
		1969 0000								
								0,,,,,		
		rise to immediate cause (a), DUE TO								
	stating the underlying cause (c)									
		PART II. OTHER SIG	GNIFICANT CONDITIONS CONTR	BUTING TO DE	ATH BUT NOT RELAT	ED TO 1	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART	1(0)	19 WAS AUTOPSY
2	MEDICAL CERTIFICATION		****		_					PERFORMED? YES NO X
	₫.	20- ACCIDENT WAS	CHADEDI VILLE IT	JON DECEMBE	HOM INITION OCC	IDDEN I	Enter noture of injury in	Port I or Port II of store	18.7	10 2
		20g. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	ZUD. DESCRIBI	HOW INJURY OCC	JKKED.	cinter notate of injury in	ruit foi fuit it di stetti	10.7	
	=		MEDICAL EXAMINER)							
	2	20c. TIME OF INJU	JRY Month, Day, Year	20d INJURY			E OF INJURY (Home, form		own) (Co	unty) (State)
	ME	Hour a.n	1.0	While at wark	Not While of wark	100	ary, street, affice bldg , etc.]			
	ı		fy that (I) (this haspital) attended		am :	DC+ 29 1	9 66 to NO	v ZZ 19	€ € that (I) (we) las
		saw the de	eceased alive an	01 22	19_ <u>66</u> , an	d tha	death accurred at	9 5 M, fram o	auses and an t	he date stated above
		22a SIGNATURE	; 7						22b D.	ATE SIGNED
			tokut	10 alix	, eving	M.I	ATTENDING DIPHYS	MED STAI	. D NOV	. 22,1966
		22c. PHYSICIAN'S					22d. ADDRESS			
		NAME (Type)	ROBERT	DABOLI	vs Mo		400 CRA	IN HIGHWAY	NE GLE	N BURNIE
	22.5	BURIAL, CREMATIC	IN. 23b DATE THEREOF	1 22	. NAME OF CEMETE	DY OP		23d LOCATION (Cit		(County) (State)
	230	REMOVAL (Specify BURT A						· ·		
				TAPP		EN'	OOD CEMETE		SVILLE.	PA.
		. FUNERAL DIRECTO			ADDRESS				2Sb REGISTRAR'S S	
		R.V. SI	VGLETON	GLEN	BURNIE.	MO	n I DATE N	OV 2 3 1996	Villan	ela Judge

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Tach please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



FOR MYATE HEALTH HUPT. TO DEPUTY MEDIX.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEDIC

VR AISME (5) 5M 1/65

retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit remit. The pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MADVIAND STATE DEPARTMENT OF MEALTH

		IANALZ 1	THUD SIMIT DE	EVILLIA OF	43 14/3 14 1 1 1	
Div	ision of STATI	ISTICAL RESEA	RCH AND RECORD:	S. 301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
						15049
0.04	s h	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	19114:

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
H. H. MARYLAND	o. STATE M.D.
b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
with RURAL and give nearest fown) If K N'A VOC'-15	SHORFACRES
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
H.H. C-ENERAL Hospit	APRICAD MD- VES NO PA
3. NAME OF FIRST Middle	Last 4. DATE Month Day Year
DECEASED	C OF
Type or print) CHARLES - BRAT	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	7-7-18/6 90 yrs.
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY,	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DAIRY PRODUCTS DAIRY	KALTO, MD, 4.5.H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Whipy RODD FOOD	FLIZABETH CORNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Inples F RODDFARD JR.#2
\$ 10 CALLER OF BEATH FEATURE AND	INTERVAL BETWEEN
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	ORSET AND BEATH
IMMEDIATE CAUSE (a) CC TUC TUSTELLE TO	ser feneraged thethere
4500 DUE TO	
Conditions, if any, which (b) (b)	
cause (a), stating the DUE TO	
undarlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLOR PRIMARY CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Factor Cause of Death. 35 While Not While at work 19 19 19 19 19 19 19 1	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	pry, street, office bldg., etc.)
	old an Autopsy . Inspection . Inquiry . and in my opinion
21. I certify that I took charge of the remains described above, he	
death resulted from Natural causes , Accident , Su	icide, Homlcide, Undetermined manner
ACTUAL ELL Juneh	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S F- / 11/ haz most	DEPUTY MEDICAL EXAMINER
NAME (Type) / PO / P	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
BURIAL 1020-66 104E0 1-11	AVEN L-KEU, BURUIR LD-
24. FENERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Arky M. Vay Tat How (Lunepolis	Ma DATE NOV 4 1966 Charles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) PLACE OF DEATH Anne Arundel Anne Arundel b CITY OR TOWN (If autside carparate imits CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate amits, write RURAL and give nearest tawn) write RURAL and give nearest town) d STREET ADDRESS e IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) YES NO DO NAME OF Middle First Last 4. DATE Month DECEASED OF (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Days WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1). BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME My Ky 575 m. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service 18. CAUSE OF DEATH (Enter only one cause per jung for (a), (b), and (c), NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Hame, farm, (County) (State) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) factory, street, affice blda...etc.) Hour o.m Nat While at work at wark 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ 19 and that deoth occurred at A.M. from couses and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED DIRECTOR " M.D. PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d LOCATION (City or Town Chews Memorial

Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: VR A15 (4) 20 M 1/66

director, page should be filed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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corbon papers. Pages I

and in ony event

burial, cremotion, or removal,

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completely

physician

signed by the buriol-tronsit

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State Dept. of Health

signed |

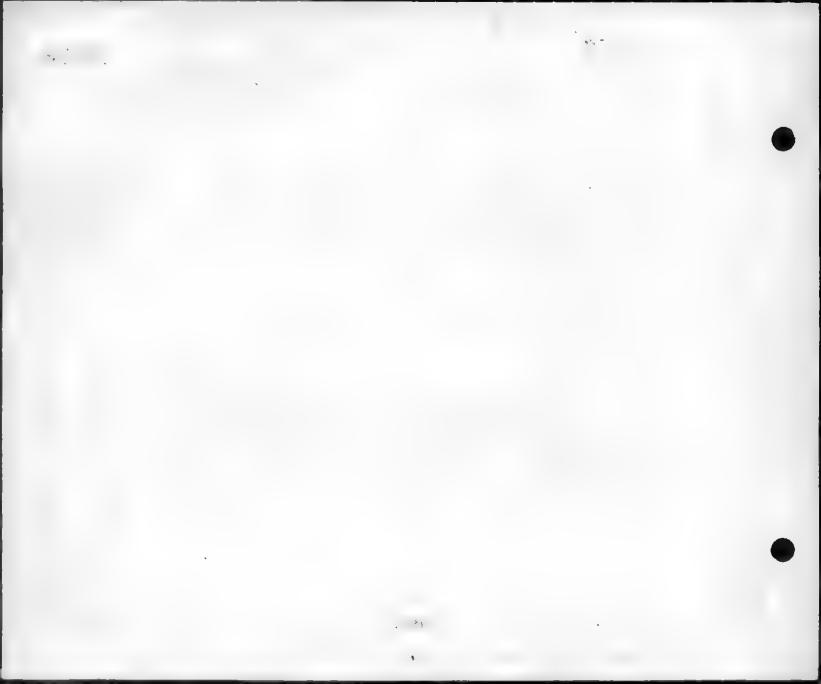
this certificote

Affer

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24 FINTRA, DIRECTOR

William Reese Anna: 25b. REGISTRAR S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

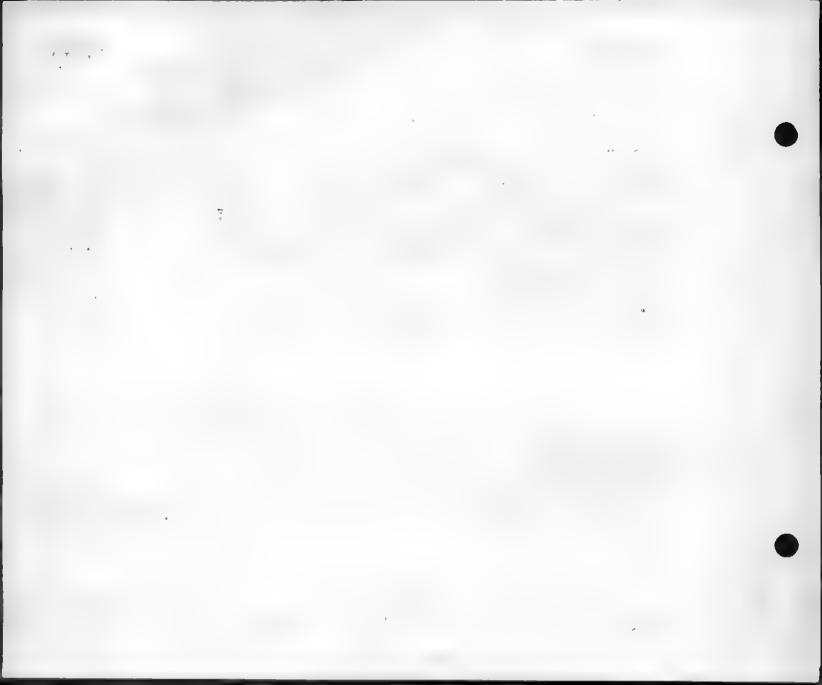
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CERTIFICATE OF DEATH

15050

partition,										all. 1	21/2011	4	
El lis		PLACE OF DEATH					2. USUAL RESIDENCE	Where decease			efore odmission)		
M	o. COUNTY Anne Arundel			MAD	YLAND	o. STATE Mary	Anne	Arunde	.1				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Annapolis				c. LENGTH OF STAY		c. CITY OR TOWN (If o		e limets write RUR			-	
					3 days			-					
ı			AL OR INSTITUTION (If a	at in becastol			d STREET ADDRESS		nnapoli	.5	e IS RESIDEN	JCF.	
			•		,	ŀ			ON A FAR	M2 to			
ļ			ndel Gener				530 Harb				YES NO	1	
		NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mont		Doy Year		
	(Type or print) Aubrey		rey	Stanto		BROWN DEATH Novem							
	2 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.		894 9.	AGE (In years lost birtheoy)	Months Do		4 HRS.	
		Male	White	WIDOWED	DIVORCE	D 🔲 🔀	ecember 8,	189	7 yrs.	Indians Do	,, 1100.3	BUIL.	
			N (G ve kind of work don		D OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country)						12. CITIZEN OF WHAT		
	aurii	ng most of working	ire, even it feriredj	5%	DUSTRY		Maryl	and		COUNT	Š.		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		_ /				
	-	T. THOM	AS BRO	לגשו			HOUND	RB	EATON				
		WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17, IN	IFORMANT	1 ,	Addre		4 0		
ľ	(Ye	s, no, (r yoknown)	(If yes give wor or dotes	of service)		HU	WA MAYI	ertta	- BRE	WN 3	#2		
ŀ	Ξï	18. CAUSE OF DE	EATH (Enter only one co	ouse per line for	(a), (b), and (c))	1.7.0	113	1			INTERVAL BETWE	EN	
	PART IS DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) (12. Myoren chat to Lelle from - 2									ONSET AND DEA	TH		
	- 1	420		E TO	7	-//	7 0 4 7 7 7		-/		2 Caldella		
	ı	Conditions, if any	1	(b)	0						~		
		rise to immediat	e couse (o), (E TO			-						
	- 1	stating the unde	rlying couse	(c)									
	ŀ		GNIFICANT CONDITIONS		TO DEATH BUT NOT RE	LATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVEN	I IN PART 1(a)		19. WAS AUTOPS	5 Y	
	MEDICAL CERTIFICATION	7,000					TE TELLUTION OF THE PERSON AND THE				PERFORMED'		
Ì	Ž.	20o ACCIDENT WA	S HINDERS VING (*)	205 DE	SCRIBE HOW INNERY O	CCURRED /	inter noture of injury in	Port Lor Port	II of item IR \		763 [25] 110		
		OR CONTRIBUTING	CAUSE OF DEATH	200 01	Jenibe How Histori e	(COMMED) (1011 7 01 1011					
	<u>₹</u>		MEDICAL EXAMINER) URY Month, Doy, Year	204 1	NJURY OCCURRED	20 plac	OF INJURY (Home, for	m. 20f.	(City or town)	(County) (Sto	ote)	
	Ē	Hour o.r	TI.	While	Not While		ry, street, office bldg., etc		(city or town)	(courty)	1214		
		p.r		ui wort			100/ 0 7	10 (-/	N	10.66	il -1 /15 4	-5.1	
	-		fy that (I) tables be				death accurred a		Nov. 2				
	- 1	226. SIGNATURE	eceased alive an_	J. I	V3. 17 W/-,	una mai	death accorded a	10:48	DE	22b. DATE:		ibove.	
		Men	my of	Klin!	ms	M.D	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	1 1//2	7/4/		
		22c. PHYSICIAN'S NAME (Type	m.F.KZ	ANI	9085		22d ADDRESS	12/16	11/2	tu.	,		
	230	BURIAL (REMATIC	23b DATE TI	HEREOF	23¢ NAME OF CEM	EJERY OR C	REMATORY 1	238 100	ATION (City or Tox	wn) (Coi	unty)# (Stot	8)	
	12	REMOVAL (Specify	11-29	-lele	DLD St. F	611/5	CHURCH	CHE	STERTOU	IN KE	NT N	10.	
2	24	FUNERAL DIRECTO	90 /		ADDRESS	4	- 11-1 11	D BY REGISTRA	R 25b. RE	GISTRAR S SIGNA	ATURE		
7	Son	KyM. 7	a Tor + Arman	1 (In	ursoli.	ma	DATE	NOV 29	1966	Mcliany	ly Juda	e.	

presition and campletely filled in by the funeral of blease remove carbon papers. Pages 1 and 2 and 2 and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law ===uire= that the death certificate be exacuted within 24 llours after disath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending presidenctor, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, crematian, or removal. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15048 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institut on Residence before admission) o COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. te RURAL and a ve neorest town d STREET ADDRESS e is residence on a farm? INSTITUTION (If not in hasoital, give street address) YES NO F 3 NAME OF DATE First Middle Lost Month Year OF DEATH DECEASED 1966 (Type or print) IF UNDER 1 YEAR S SEX 9. AGE (In veors 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH bythdoy) WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done auting meet of working life, even if retired INDUSTRY COUNTRY? LNSURANCE 13. FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, ng, as unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line far (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO YES 20a ACC. DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour a.m. Not While at work 21. I certify that (I) (this hospital) ottended the deceased from sow the deceased glive on 1000 1900 and the 19 06, and that death occurred of 30 M, from causes and on the date stated above sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 10,000 M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS HUAPI-NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

C.CM

2Sa. REC'D BY REGISTRAR

LOCATION (City or Town)

(County)

25b. REGISTRAR'S SIGNATURE

(Stote)

O FUNERAL DIRECTOR: After this certificate has been director, page 3 shaufd shauld be filed with the VR A15 (4)* 20 M 1/66

230 BURIAL, CREMATION,

242 FUNERAL DIRECTOR

23b. DATE THEREOF

death

and campletely filled in by the funeral remave/carban papers. Pages 1 and n any event. Within 72 haurs after deat

and in any

physician and

please

signed by the attending physical-transit permit. Then purial, cremation, or remaval,

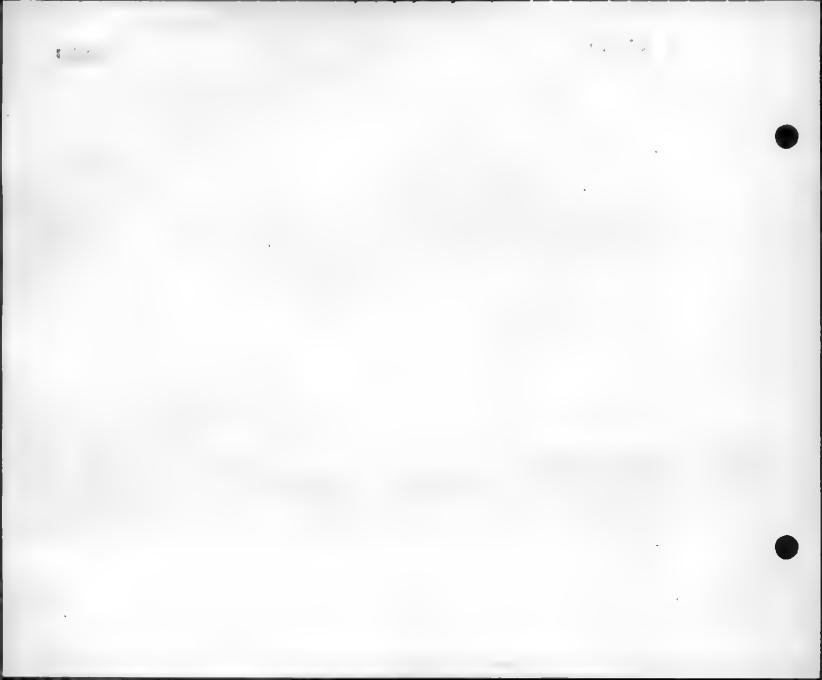
be detached far use as the State Dept. af Health priar ta

by the haspital ar attending physician.

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requires that the duath certificate be exacuted within 24 haurs after death



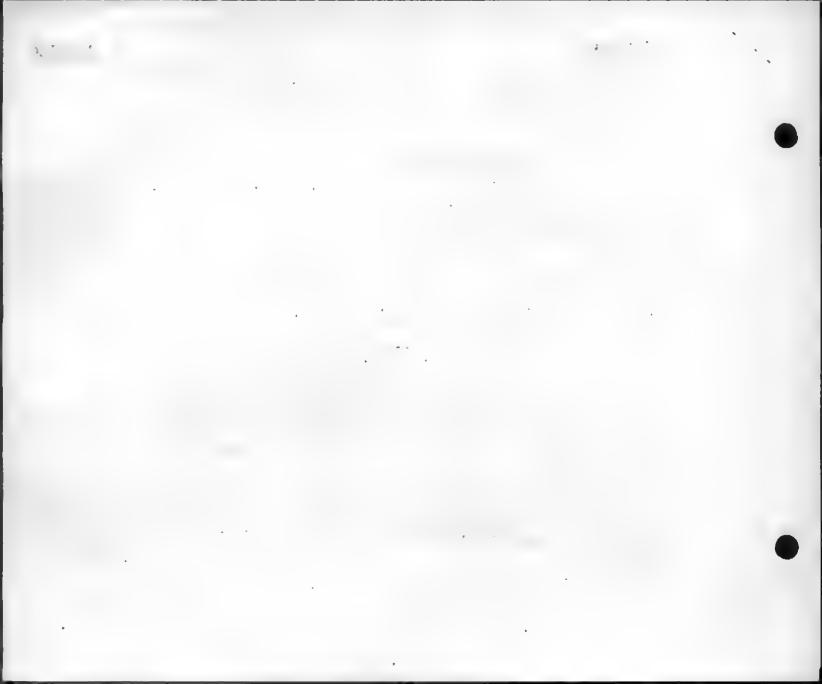
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15049	}		CERTIF	ICATE	OF DEATH				15	05	S		
1		COUNTY	ANNE ARUNDE	EL	MAR'	2. USUAL RESIDENCE o. STATEMARY	e before	odmissio UNDFI	n) L						
			outside corporate limit	s,	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)								
	F.	L AGEGRACOL		ODENTON			4	02/							
			AL OR INSTITUTION (If no		give street oddress)	d. STREET ADDRESS	6	ON A FA	ENCE VRM2						
	1	KIMBROUGE	I ARMY HOSP	TTAL		461 Oakto)	YES NO 1x							
		NAME OF First Middle DECEASED					Lost	th	Doy	Yed					
	(Type or print)	HEN		R		BURK, St	r DE	9. AGE (In years	IR Tipunder 1	28	IF UNDER			
	5 5		6. COLOR OR RACE	7. MARRIED		, III.	DATE OF BIRTH	Doys	Hours	Min.					
		ALE	CAU	WIDOWED	DIVORCE		0 JUN 190		61 yrs.	I 10 CIT	IZENI OF	MALAT			
	durii	ng most of working l	(Give kind of work done fe, even if retired) Re	t. No. K	IND OF BUSINESS OR IDUSTRY None		11. BIRTHPLACE (Cour TENNES:		or toreign country)	COL	IZEN OF WHAT USA				
	13.	FATHER'S NAME ISSAC JO	OSH BURK				14. MOTHER'S MAIDE DENICE I								
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17 [FORMANT	-	Addr	ess					
		s, no, or unknown) Ves	(If yes give wor or dates not availe	of service)	16-18-6593	На	azel M. Burk Same								
	T	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)										INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embolization right atrium acute myocardial								ON	ILI ANO D	TAIL			
	1/20. Due to infarction (massive)														
		Conditions, if ony, which gave (b)													
		stoting the underlying couse DUE 10													
		lost.	GNIFICANT CONDITIONS ((t)	TO DEATH BUT NOT BE	TATED TO T	UE TERMINA) DISEASE	CONDITION	CIVEN IN DADT 1/a)	19 WAS AUTOPSY					
1	NOIL	PAKI II UIMEK SK	GNIFICANT CONDITIONS	UNIKIBUTING	TO DEATH BUT NOT KE	DATED TO T	NE TERMINAL DISCASE I	CONDITION	GIYEN IN PART 1(0)			PERFORMED?			
	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY.		20b. Di	ESCRIBE HOW INJURY C	OCCURRED (Enter noture of injury	in Port 1 o	r Port II of item 18.)						
	MEDICAL	20c TIME OF INJU	10	20d I While of wor			E OF INJURY (Home, for y, street, office bldg , e		20f (City or town)	(Cou	inty)	(State)		
	ı	21 L certif	fy that (I) (this ha	spital) atten	ded the deceased	from_2	7 Nov	, 19 <u>6</u> 6	, to 28 Nov	, 19_6	56, th	at (I) (we) la:		
		sow the de	eceased alive on E	OOPM.	28Nov1966,	and that	death accurred	018:20	™M, from causes				abov		
220. SIGNATURE ATTENDING MED STAFF PHYS DIRECTOR PHYS STAFF										22b. DATE SIGNED 28 Nov 66					
	ì		Fan	lon/	xuzya	2~{M:	. PHYS. \square	DIRECT	OR L PHYS. L	R 28	Nov	00			
/		22c. PHYSICIAN'S NAME (Type)	/ /	ENATAR,	CAPT, MC		22d ADDRESS KIMBROUG	H AR	Y HOSP FT	GEO G	MEA	ADE,	MD		
	230.	BURIAL, CREMATIC REMOVAL (Specify HUT)		EREOF 2/1966	23c NAME OF CEM		rematory Memorial		LOCATION (City or To		(County)	,	tote)		
	24.	FUNERAL DIRECTO			TON POWER			EC'D BY RE	GISTRAR 25b R	FGISTRAP S SI	GNATUR	F a	4		
					AURNIE.			NOV	30 1966	your	276	Jun	de		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transity perion. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremations after movel, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physicion.

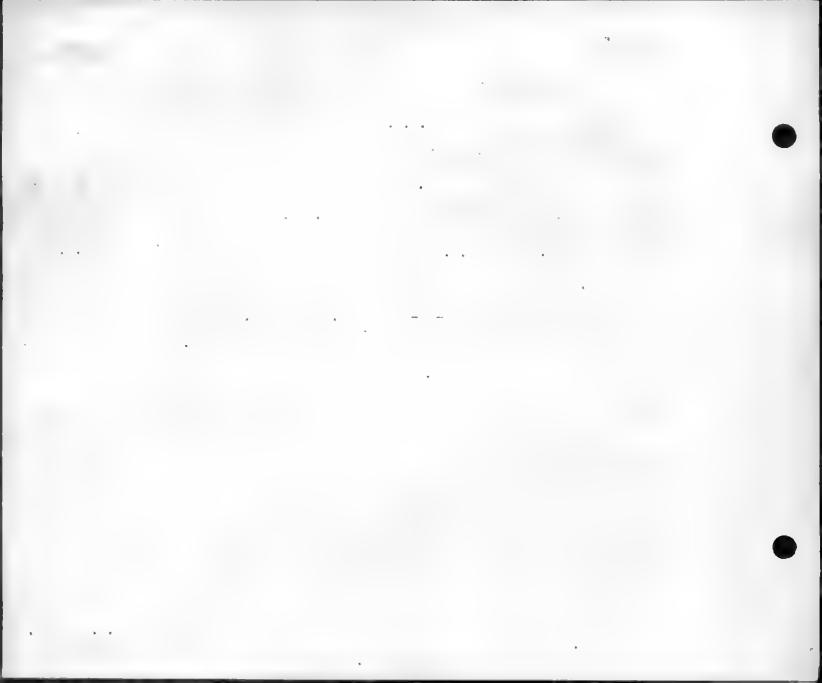


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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15050 **CERTIFICATE** OF DEATH

					01 0211						F	
1. PLACE OF DEATH						DENCE (Where deceose	ed lived, if Instituti		nce before	odm issioi	1)
o. COUNTY	o. STATE	Mar	yland	b. COUP	An An	ne Ar	und e	1				
	(If outside carporate I mit	S,	c LENGTH OF STAY I	N 16	c CITY OR TOW	/N (If ou	itside corporot	te limits, write RUF	RAt ond gi	ve neorest t	town)	
Annar	polis		D.O.A.			Riv	V&					
d. NAME OF HOSP	d STREET ADDRESS e. IS RESIDENC ON A FARM											
Anne Àrt	undel Genera	1 Hospi	Ltal		XXXX	75	Sylvan	Shores		YE		NO 🔼
3 NAME OF DECEASED	Fi	rs‡	Middle		Lost		4. DATE OF	Mont	h	Doy	Year	
(Type or print)	James		G.					Novemb		15 19 66 NDER 1 YEAR THE UNDER 24 HRS		
S SEX	6 COLOR OR RACE	7. MARRIED	=		. DATE OF BIRTH		9	AGE (in years lost birthdoy)	IF UNDER		Hours	24 HKS Min.
Male	White	WIDOWED	DIVORCE		ct. 26,			63 yrs				
during most of working	ON (Give kind of work done ng life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE	(County		•		ITIZEN OF V OUNTRY?		
Cartogram 13. FATHER'S NAME	ohy Eng. (ret) U.S	S. Gov't		Pitts:	ton,		<u>sylvania</u>		U,S	S	
	J. Burke VER IN U.S. ARMED FORCES?	114	SOCIAL SECURITY NO.	F 17 F	Cathe NFORMANT	rine	e Coste	Addre				
(Yes, no, or unknown	(If yes give wor or dotes	of service)										
T 19 CAUSE OF	DEATH (Enter only one cou		79-16-2930	Mrs	Doroth	ea :	Burl	Ke sami	e_25_		VA. BETV	VECNI
	EATH WAS CAUSED BY.	1 / 1.	(0), (0), (1)	las	Car Office.	(E	18 den	1/2/		ONSET	T AND BE	ATH/Z
331)	IMMEDIATE CAUSE	1 /	- Comment	030	100		1	1		A	uds	FF 3. E.
Conditions, if on	ry, which gove	(b) CS	Sen Tr	e !	Eline	228	Qui fe	- July		Ula	f-re	-0-1
rise to immedia					11							
lost)	(c)			0,							
PART IL OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISE	EASE COI	NDITION GIVE	N IN PART I(o)		19. W	AS AUTO	PSY n2
STI STI										YES		NO 1
OR CONTRIBUTIN	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of 11	njury in	Port 1 or Port	Il of item 18.)				
20c TIME OF IN	JURY Month, Day, Year o.m. 19	20d IN While at work			E OF INJURY (Hor ory, street, office b			(City or town)	(€	ounty)	(S	tote)
	tify that (I) (this he			fram	5/18-	, i	19 <u>63,</u> to	10/2	<u>c</u> , 19	66, tha	t (I) (v	ve) ta
saw the	deceased alive on_	10/2				red at	12:50 PM	, from causes				abov
220. SIGNATUR	full.	Asc.	Lecusion	M.C	ATTENDING .	X	MED. DIRECTOR	STAFF PHYS.	22b	DATESIGNED	66	-
22c. PHYSICIAN NAME (Typ		TH	ochman (mi	22d. ADDRI	ESS -	uh lace	St. An.	n ale	elis,	Wa	[]
230. BURIAL, CREMAT		EREOF	23c NAME OF CEME	ETERY OR (REMATORY		23d. LO	CATION (City or To	wn)	(County)	(Sto	otej
REMOVAL (Speci	11/18	/66	Hillcres	t Cen	e tenv		Anr	nanolis		Δ	Mo	
24BEWEN NEG	F. Hopping	B	ADDRESS	Han	25	RI ATT	D BY REGISTR	966	GISTRAR'S	SIGNATURE	tel.	,
TT T	יוֹ שֶׁי בּי	170	cery, e	(1)	7-20-87 N	IT W	64	000 /	7 10	VA	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/660



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15051 e e 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY after ANNE ARUNDEL MARYLAND ANNE ARUNDET b CTTY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) on papers. Pag within 72 haurs 2 HOURS SEVERN GLEN BURNIE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES 🔲 NO Y NORTH ARUNDEL HOSPITAL 2 VIRGINIA 3 NAME OF Middle 4 DATE Month Lost Doy DECEASED **QF** in any event, (Type or print) RITULER DEATH NOVEMBER GEORGE 9. AGE (In years IF UNDER 1 YEAR' IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED JUNE 1,1892 10o USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY ? INDUSTRY during most of working ife, even if retired) pub NEW FOUNDLAND MINISTER CHURCH 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or remove LITTLE JOHN BUTLER SUSAN EDWARD 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes a ve war or dates of service MRS. BEULAH burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lym for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying cause as been as the prior tal last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) be detached far use State Dept. of Health YES [NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Hour a.m. Not While foctory, street, office bldg., etc.) at work 2). I certify that (1) (this hospital) attended the deceased fram 11-24 1966, that (I) (we) last 3 shauld with the 5 saw the deceased alive on_ 11 - 2-4 19 66, and that death occurred at 1,40 M, from causes and on the date stated obove. 22b. DATE SIGNED 22n. SIGNATURE ATTENDING STAFF director, page 3 should be filed v M.D PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) EIPOLT 23d, LOCATION (City or Town) BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 250-REC'D BY REGISTRAR REGISTRAR'S SIGNATURE II4. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

leath

Le execute I within 24 hours after

The law requires that the Jeath certificate

by the haspital ar attending

Page 4 may be retained

FUNERAL DIRECTOR:

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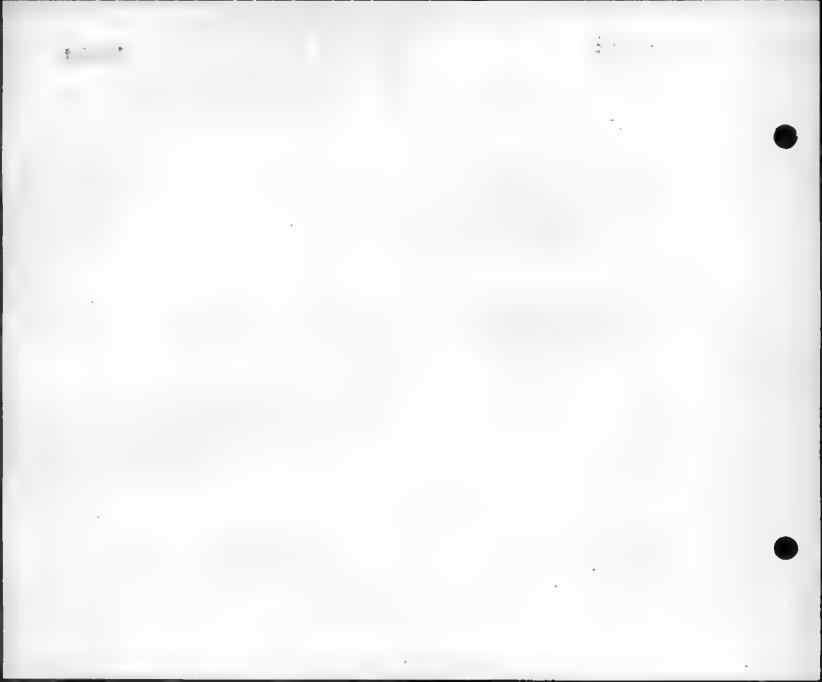
physician

attending phys permit. Then p

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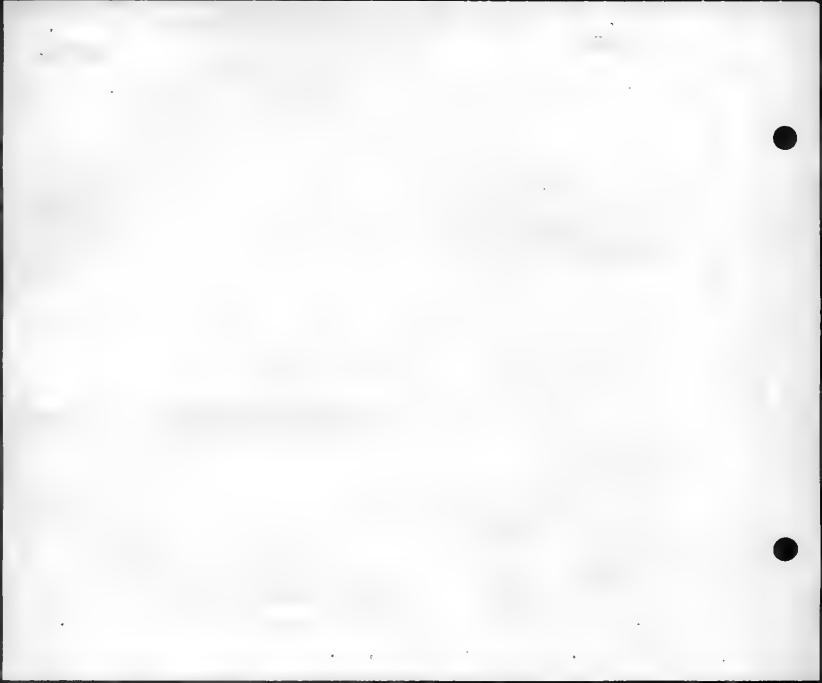
certificate



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15052 CERTIFICATE OF DEATH and 2 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) funerol PLACE OF DEATH COUNTY cion and completely filled in by the fur ease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND CITY OR TOWN (If autside corporate limits putside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) d. STREET ADDRESS e IS RESIDENCE ON A FARM? INSTITUTION (If not in haspital, give street address) YES 📑 NO X NAME OF Middle Manth 4. DATE Year DECEASED D 1966 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACI 7 MARRIED NEVER MARRIED last birthday) Manths Davs Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) kion o INDUSTRY COUNTRY? (1. S.A permit.; then ple permit.; then ple tion, or removal, o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Henry Quentin Lessner IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) 215-14-5063 Daniel Callahan As Above No buriol, cremation, | B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
| PART | DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse State Dept. of Health prior to hos been as the lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) 1960 21. I certify that (1) (this haspital) attended the deceased from director, poge 3 should should be filed with the , and that death accurred at 8 3 AM, from causes and on the date stated above. 1966 saw the deceased alive on_ 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. MD. PHYS 22d. ADDRESS NAME (Type) 3/9 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION,
REMOVAL (Specify)
Burial 23b. DATE THEREOF (County) 23a 12/1/66 Meadowridge Memorial Howard County, ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

Glen Burnie, Md.

VR A15 (4) 20 M 1/66 Raymond C. Fink



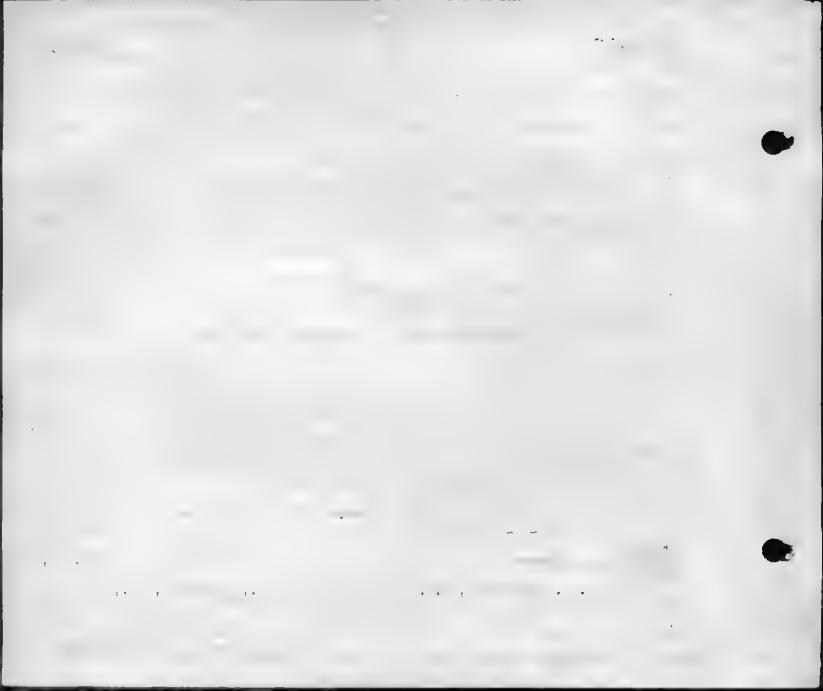
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 15053 pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY by the and 2 death. MARYLAND Anne Arundel Mary land Anne Arundel b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 write RURAL end give nearest town) .⊑filled in Pages urs afte Glen Burnie 10 years Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO TH 203 Summit Ave. Marley Park Ave paper in 72 h NAME OF DECEASED OF (Type or print) DEATH carbon tt, withir Jennie Carroll 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS and lest birthdey) Months | Days WIDOWED TH DIVORCED T 24 April Female White remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE [County & State, or foreign country] done during most of working life, even if retired) Housewife Own Home Baltimore Maryland

14. MOTHER'S MAIDEN NAME IBA please 13. FATHER'S NAME James Cadden Marget Cassidy permit Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Glen Burnie, Md. (Yes, no, or unkown) : (If yes give we ror dates of service) the Mr. Joseph Lang. 20 W. Furnace Branch Road attending physician. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-transit (a), stoling the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY USB as prior to CERTIFICATION PERFORMED? YES | NO T DIRECTOR: After this c 3 should be detached for 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED ! 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While Hour a.m. et work at work p.m. 90 to NOV , 2.6 .. , 1966, that (1) (we) last 1962 21. I certify that (I) (this hospital) attended the deceased from...... 1,26 19.66, and that death occurred atM, from the causes and on the date stated above. saw-the deceased alive on 225 SUNATURE 22b. DATE SIGNED ATTENDING MED. death. Page 4 HOSPITAL with th 28 Nov. PHYS. \mathbf{k} DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)Edmond I. Moushabek, director, post be filed v 510 Marley Station Road, Glen Burnie, Md. M_{\bullet} 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Mt. Olivet Cemetery Baltimore . Ma. 29 Nov. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS lianles VR A15 (4) Glen Burnie. Md. Kirkley Funeral Home. 20M 5-63

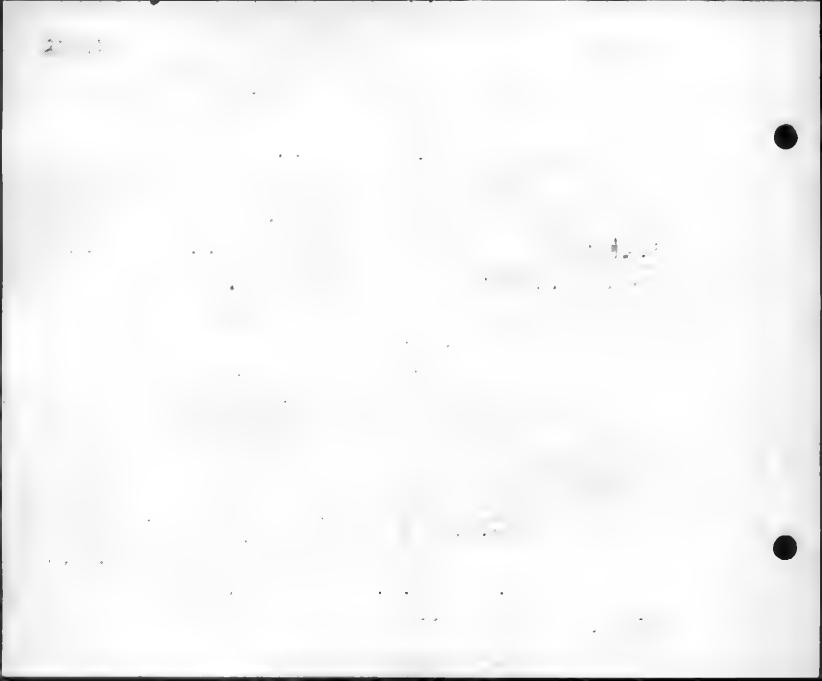


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15054 2. USUAL RESIDENCE DWhere decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND (If outside corporate hmits, write RURAL and give nearest towns CITY OR TOWN (if outside corporate Limits c. LENGTH OF STAY IN 16 rite RURAL and give_nearest tow/() e. IS RESIDENCE d. NAME OF HOSPITAL O ON A FARM? YES NO DO DATE 3. NAME OF Middle DECEASED (Type or print) IF UNDER 24 HRS OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED B. DATE builday) Months WIDOWED DIVORCED toa. USUAL OCCUPATION frive kind of work done dering med of processing fria, even if retired) CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S'NAMI attending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) [(Ifyes give wer or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Hypertensive Cardio Vascular IMMEDIATE CAUSE (e) DUE TO 1 year age Disease Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Jam 18.) 20e. ACCIDENT WAS UNDERLYING . 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. PLACE OF INJURY (Home, Jarm, (County) (Stele) 20f. (City or town) 2Dc. TIME OF INJURY 20d, INJURY OCCURRED Month, Day, Year fectory, straal, office bldg., atc.) While Not While at work at work saw the deceased alive on 11-14- 1966 and that death occurred at 5A M, from the causes and on the date stated above. 22b. DATE ATTENDING PHYS. PHYS. DIRECTOR death. Page 4
IO FUNERAL
director, page 3
be filed with the HISICIAN'S 22d. ADDRESS NAME (Type) Richardson, M.D. 110 Clay St., Annapolis, Md., 23s. BURIAL, CREMATION, 1/23b. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15055 CERTIFICATE OF DEATH ond 2 death. MHYSICIAN: TI■ low requires that the Jeath certificate be executed within 24 h≡urs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH a. COUNTY Anne Arundel icion and completely filled in by the fur lease remove corbon popers. Poges 1 and in ony event, within 72 hours after MARYLAND Maryland Anne Arundel b CITY OR TOWN (If autside carporate imits, LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) Annapolis 4 days Edgewater d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS **B** IS RESIDENCE ON A FARM? P.O. Box 111 YES NO X Anne Arundel General Hospital 3 NAME OF Middle 4. DATE Month Last DECEASED James CHEEK (Type or print) Edward DEATH November IF UNDER 24 HRS B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Days Haurs Male White WIDOWED DIVORCED July 20, 1904 12. CITIZEN OF WHAT 10a US_AL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S. Washington D.C. 13 EATHER'S NAME 14 MOTHER S MAIDEN NAME 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. signed by the attending burial-transit permit. (Yes, no, or unknown) (If yes give war ar dates of service) FLORA M. CHEEK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Heart failure days Poge I may be retoined by the Tospital or ottending physician. DUE TO Conditions, if any, which gave Generalized (metastatic) carcinomatosis rise to immediate cause (a). DHE TO stating the underlying couse be detached for use as the State Dept. of Health prior to Adenocarcinoma of prostate gland 3 years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? CERTIFICATION None YES 🛣 NO certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH After this certified be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, farm, (City or town) 20k TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not While at wark 1965 toNov. 9. , 1966, that (I) (se) last 21. I certify that (I) MINISTER (II) attended the deceased fram_ July director, page 3 should should be filed with the saw the deceased alive an Nov. 9. NUNERAL DINICTOR: _____19**66** , and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. Nov. 10. 1966 M.D. 22d ADDRESS South River Medical Center 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. Edgewater, Maryland (21037) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) BURIAL, CREMATION (State) BURIA FDAR 256 REGISTRAPE SIGNATURE 250, REC'D BY REGISTRAR 24/ FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



15056 CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY b. COUNTY hours Anne Arımdel 유 다 기 Maryland MARYLAND рив b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town! 24 Baltimore .57 Glen Burnie Pages within Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS North Arundel Hospital completely papers. 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Jens Martin Christensen DEATH carbon With 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED pue lest birthday) Male White WIDOWED A Dec. 30, 1886 DIVORCED TO certificate physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Rigger Denmark attending phy Then please re val, and man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Don't know Don't know Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 17. INFORMANT Address removal (Yes, no, or unkown) (Hyesgivewerordelesofservice) the permit. 18. CAUSE OF DEATH |Enter only one cause per line for (e) (b), and (c). rio-scleratic Cardio-Vascular Disease 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. ta tr PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19, WAS AUTOPSY CERTIFICATION SE 0 USB prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) P OR CONTRIBUTING CAUSE OF DEATH After this of Health DIRECTOR: After the should be detached ATTENDING be retained by MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) fectory, street, office bldg., etc.) While Not While et work et work Dept. 9-22 1957 to 11-5-, 19.66 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... should | ...19.6.6., and that death occurred at 9.1. M, from the causes and on the date stated above saw the deceased alive on... 220 SIGNATURE ATTENDING STAFF PHYS. DIRECTOR death. Page 4 M.D. HOSPITAL page with ± 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2117 Belair , oad filed v 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Specify) O F A 11/10/66 Loudon Park Baltimore, Md. ADDRESS 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home 4210 Belair Road VR A15 (4) \(

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before edmission) c. CITY OR TOWN (If outside corporate limits, write RURA), and give neerest town! . IS RESIDENCE ON A FARM? YES NO Nov. 6, 1966 19 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Anna B. Dahlgreen 6408 Fairdel Ave. ONSET AND DEATH

> PERFORMED? NO V

> > (State)

22b. DATE

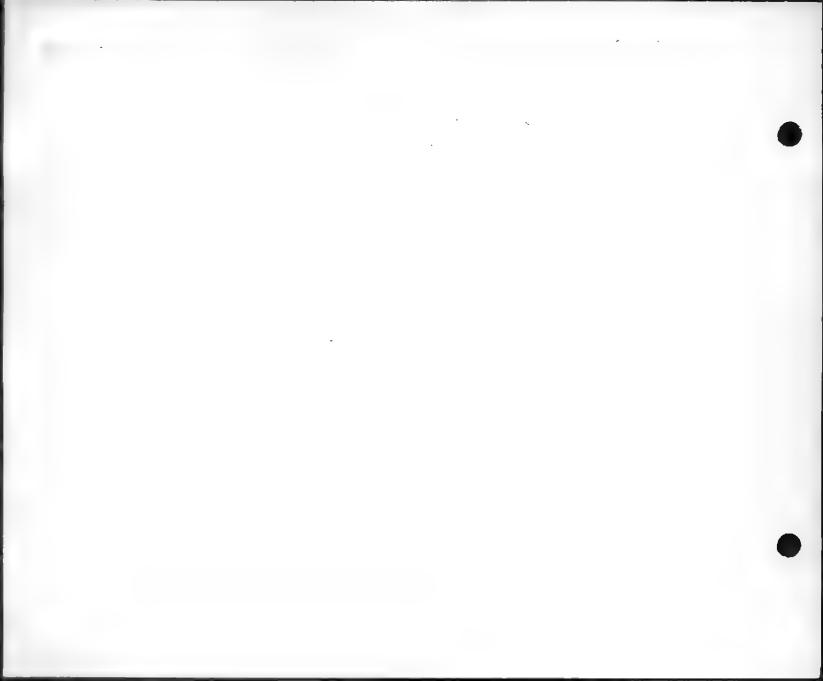
SIGNED

20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15057 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY o. STATE **b** COUNTY P.M.3. Page ġ MARYLAND delay State Department b CITY OR TOWN (If outside corporate limits) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give negrest town) act tenzance 12700161-44 d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address). d STREET ADDRESS e IS RESIDENCE ON A FARM? farm 8. Give Pages 1, haurs ARUNDE L NO X This certificate shavid be executed within 24 hillurs after death alang with 3 NAME OF Middle 4. DATE Month DECEASED OF 118 Celliere 2-2 within (Type or print) DEATH 19 S SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED lost burtinloy) Months Dovs Hours WIDOWED D VORCED Office o event and 2 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BJE NESS OR 11 BIRTHPLACE (State of 12 CT ZEN OF WHAT foreign country) during most of working life, eyen, if retyed) COUNTRY? UNDUSTRY K1,50 Deuter 14 MOTHER'S MAIDEN NAME 13 FATHER'S ALAME f.le and WAS DECEASED EVER NUS ARMED FORCES? 16 SOCYAL SECURITY NO. 17 INFORMANT rd "pending" in Chief Medical E (Yes, no, of unknown) (If yes give wor or dotes of service) remayal 18 /CAUSE OF DEATH (Enter only one couse per breator (o), (b), and (c)) burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY-Ь IMMEDIATE CAUSE (o) writing the ward burial, crematian, DUE TO farwarded ta the Conditions, if only, which gove nse to immediate couse (a), DUE TO stoting the underlying couse o GS 0 last PART ! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, NO its designated agent, priar to pe shauld be 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term 1B.) 3 shayld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) While Not While may be retained far your FUNERAL DIRECTOR: Page of work Page ot work 21. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection Inquiry and in my apinian the funeral directar. death resulted from / Natural causes . Accident . Suicide . Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health or i TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street city town, or county) 23c NAME OF CENTETERY OR CREMATORY 230 BURIAL ESEMATION. DATE THER 23d LOCATION (County) REMOVAL (Specify) LAUEH 2So. REC D BY REGISTRAR REGISTRAR S SIGNATURE 2Sb

VR ATSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15058

CERTIFICATE OF DEATH

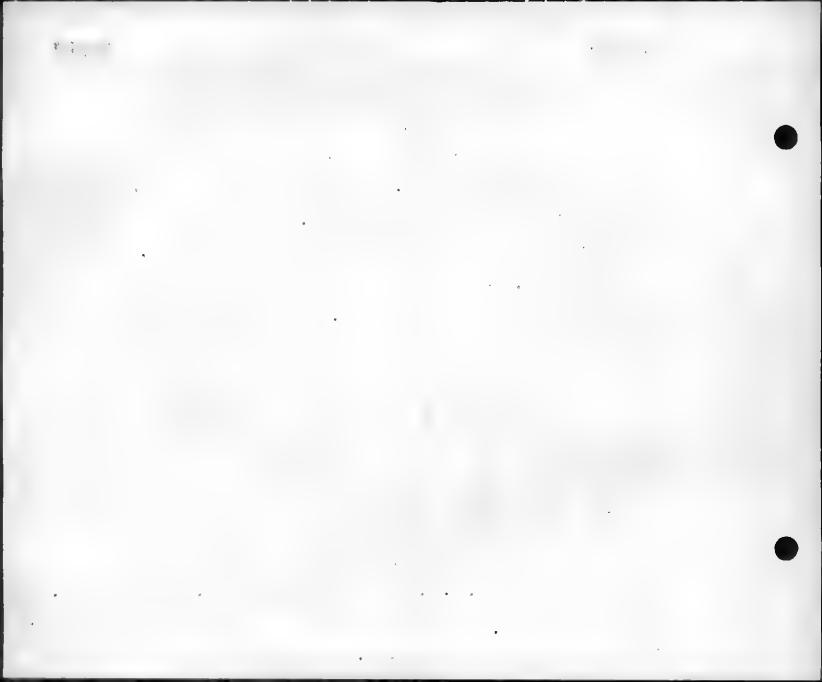
15061

	PLACE OF DEATH					2. USUAL RESIDENCE (\) o. STATE	Where deceased lived, if institution: Reside	nce before odmission)		
,		nne Arundel		MARYLAN	ND		vlvania	~		
	b. CITY OR TOWN (If outside corporate limits,		c LENGTH OF STAY IN 1	b	c CITY OR TOWN (IF ou	tside corporate limits, write RURAL and gi	ve neorest town)		
		give neorest town) Burnie		8 Hours		Trapr	×2			
	d NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital,			d. STREET ADDRESS		8 IS RESIDENCE		
	N	orth Arundel	Hosn	ital		550 Main S	Street	ON A FARM?		
	NAME OF	Firs		Middle		Lost	4 DATE Month	Day Year		
	DECEASED (Type or print)	Mart	ie	E.		Cowan	OF DEATH NOV.	28. 19 66		
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In years If UNDER tost birthday) Months			
F	emale	White	WIDOWED	DIVORCED [5	Nov. 20. 1		Doys Hours Main		
100	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR			& State, or fareign country) 12. 0	ITIZEN OF WHAT		
duri	ing most of working House	lite, even it retired) V1.Ca	1	Own Home		Abbe	ville. S. Car	OUNTRY?		
13.	FATHER'S NAME			-1125		14. MOTHER'S MAIDEN I				
		Freston A. (Theath	A m		Mir	mie Brooks			
	WAS DECEASED EVE	RIN LS ARMED FORCES?	16	SOCIAL SECURITY NO.	17. 1	NFORMANT	Address	-		
(Ye	is, no, or unknown) No	(If yes give war or dates of	28(A)(G)		Mas	Sakah Ran	nho same as 2			
No Mrs. Sahah Rambo, same as 2										
	PART I, DEATH WAS CAUSED BY:									
	4.34	, IMMEDIATE CAUSE (J	- /	200				
	Conditions, if ony	which gove 3	b)	_						
	rise to immediat	e couse (o), (pue								
	stoting the unde		(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										
Zelio)								PERFORMED?		
								I ID [] NO [
205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)										
		MEDICAL EXAMINER) JRY Month, Day, Year	204 1	NJURY OCCURRED 20	e PLAC	E OF INJURY (Home, farm	. 20f (City or town) (C	ounty) (Stote)		
MEDICAL	Hour o.i	TI. 10	While	Not While		ory, street, office bldg., etc.)		(0.0.0)		
	01 L cont	14,	of wor			11-23 1	964, to 11-V8, 19	that (I) (wet lo		
	sow the d	uk illot (I) (Illis liast	7) - >	ded the deceased fro	d thai	death occurred at	A M, from causes and on	the date stated above		
	220. SIGNATURE	eteosed dilve oil		//	3 11101			DATE SIGNED		
	220. SIGNATURE	1/21/	3 -	1200	M.D	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	1/28/64		
	22c. PHYSICIAN'S	- V3h		2011	Produ	22d. ADDRESS	DIRECTOR LA TITIS.	/ 1 /		
	NAME (Type		rate.	M. D.		108 Centr	al Ave., Glen Burn	nie. Ma		
230	. BURIAL, CRÉMATI	ON 23b DATE THE		23c. NAME OF CEMETER	Y OR		23d LOCATION (City or Town)	(County) (Stote)		
200	REMOVAL (Specify Burial	20.37-					Abbeville, Sout	, ,, ,		
24	BUT181. R. FUNERAL DIRECTO	OR JUNOS	r. 196	ADDRESS	: Ge	2So. REC'I	AV PEGISTRAR JOSH PEGISTRARS	SIGNATURE		
			Glen	Burnie, Mi	3.		OV 30 1966 fillia	reles Judge		
		more was as well a	y	TO COLUMNIA TANKS & 1,71	4 6	UAIL IN	VI UU IUPU //	- // //		

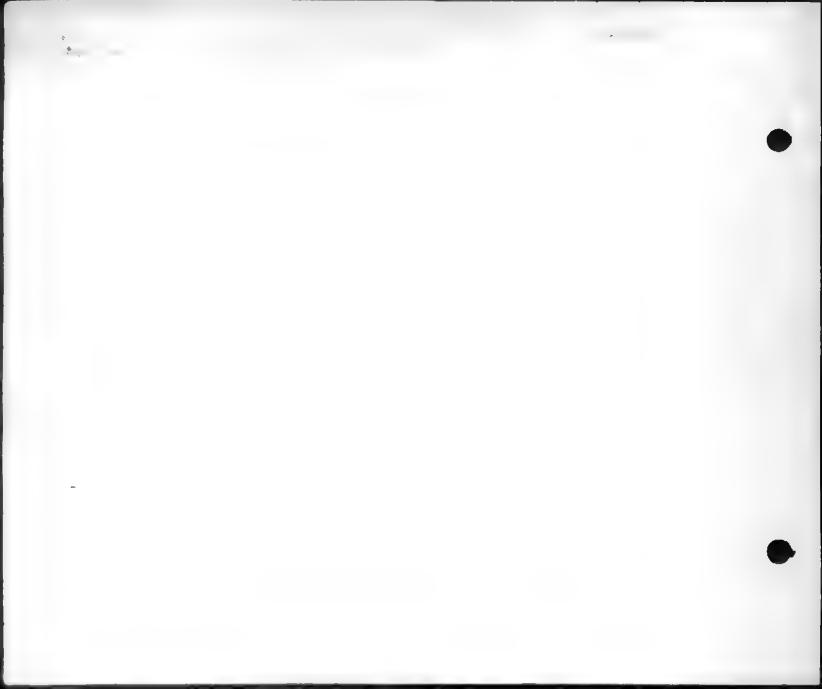
TO FULLIRAL HIRICTOR: After this certificate has been signed by the attending hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers Pages, and should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hours after designed. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, ertificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15059 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH vise or Pant) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ecuted within 24 haurs after 4. USUAL RESIDENCE (Where deceased I ved. If institution; residence before B. COUNTY A. STATE ANNE AFUNDEL CO FULL NAME OF (If not a haspital or institution, give street HOSPITAL OR address or location) OF TOWN outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS rural, give lapation) 5, 5 EX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVARCED (specify) lost birthdayl Months! Doys Hours ! ISA USUAL OCCUPATION (Give kind of work 108 KIND OF 1. FIRTHPLACE (Stole or foreign country BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working (Je) even if retired) WHAT COUNTRY physician nen please certificate MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S Armed Farces? (Yes, no grunknown) (If yes, give wor at doles of service) The law requires that the death 6. SOCIAL 7. INFORMANT permit. SECURITY NO. signed by the c burial-transit p 18, OF DEATH AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the director, page 3 should be detached for us UNDERLYING CONDITION last. OTHER STONESCANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 22. I certify that (I) (this hespital) attended the deceased from that (I) (we) last saw the deceased alive an DIA and have and from the causes stated above. (1) (We) (did) (did now) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Thys Z3C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BURIAL CREMATION, (Slote) VR A15 (4 25M 1/67. 25A. DATE REC 25C. FUNERAL DIRECTOR **ADDRESS** Markey



funeral should. within 24 hours after death. Page 4 Ty be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 Ty be retained by the hospital or attending physician and complete adding the structure of the physician and complete director, page 3 mould be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours after death. The law requires that the death certificate VR A15 [4] 15M 7 61

1 18

8

AA A POWL A NEW	CTATE	DEPARTMENT	OF	MEATER
MARILAND	SIMIE	DEPARIMENT	AL.	HEALT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15060 15062

41		
		USUAL AESIDENCE (Where decaasad leved, if institution, Residence before edmission)
1	MARYLAND	a. STATE AND B. COUNTY
	b. CITY OR TOWN (if outside corporate I multy)	CUT ON TOWN If outside corporate limits (write RURAL and give nearest town)
1	wr.tpRURAL and g ve nearest lown	IMMADALA :
	d. NAME DE NOSPITAL DIONSTITUTION (\$\frac{1}{4}\) not in hospital, give street addsess)	d. STREET ADDRESS I I o. IS RESIDENCE
7	I de de de de la	TO CA VA CAAS ON A FARM?
	3. NAME OF First Multiple	Lost 4. DATE Month Day Year
	DECEASED	2 0 1 OF
	(Type or print) / collaboration (Type or print)	LL DEATH // - // 1906
	5. SEX 6. COLOR OR RACE Z-MARRIED NEVER MARRIED 8 DA	TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	WIDOWED DIVORCED 3-	-15-1891 75 Vis.
	done Just OCCUPATION (Give kind of work done Justiness OR INDUSTRY 44.	BIRTHPLACE (County & Stole for fore on country) 12. CITIZEN OF WHAT COUNTRY!
	Mechanica	MATTING around 115. A.
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	TIT AM / A ACK OL	- I LAN CAPORELL
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1777 INFO	DRMANT Address
9	(Yas, he gruntown) (Hyas give war or datas of service)	DIE TIMO POR (MARCA III)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN
ì	PART I, DEATH WAS CAUSED BY,	ONSET APRO DEATH
	IMMEDIATE CAUSE (0)	Carely ;
	4230 DUE TO	
	Conditions, if any, which (b)	
	gava rise to immadicta causa (a), stating the underlying DUE TO	
	causa last.	
	Z PART II OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED?
	ATK	YES NO Z
		er natura of injury in Part I or Pert II of item 18.)
	₩ OR CONTRIBUTING [] CAUSE OF DEATH W IF EITHER, NOTIFY MEDICAL EXAMINER]	
	ZOG, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE O	F INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
	Hour a.m.	threet, office bidg., etc.]
		8-6-6-
	21. I certify that (I) (this hospital) attended the deceased from	1 2 1 34
	saw the deceased alive on. 1.1-10-6. 19, and that dea	ath occured atM, from the causes and on the date stated above
	22a SIGNATURE	ATTENDING MED STAFF \$1GNED
	M.D.	PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	A LLEIN	6.1 creater 4
		REMATORY 230 OCATION (City, town or county)
	BUNDEL 11-15-6 Brewer	The Mayone with
1	24 FUNERAL DIRECTOR'S SIGNATINGE AND ADDRESS IN SI	25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(2 11/1/6 1 1000 K00/10 # (1 11/1/(1/5) 1/1	(X)

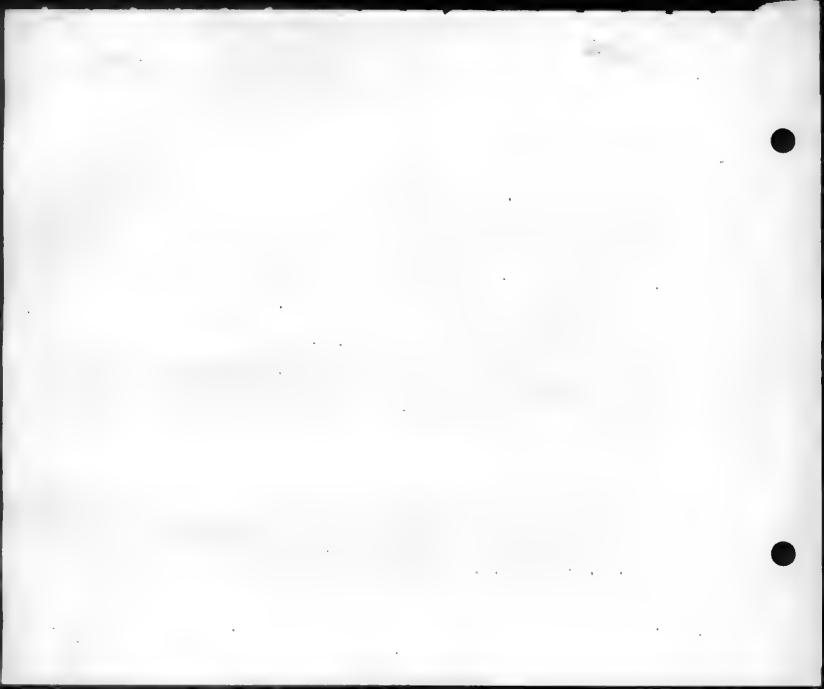


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15061 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased fixed, if Institution; Residence before admission) a. COUNTY COUNTY MARYLAND Department after death. cessary, funeral c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) шау the e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AUDRESS L(7) ON A FARM? 9 LOCKWOOD NO P NAME OF DATE Day Year Middle Last DECEASED 0F (Type or print) DEATH E (In years | If UNDER 1 YEAR | IF UNDER 24 HRS SEX DATE OF BIRTH AGE 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED Jast birthday) Months Days Hours TY MEDIX. • EXAMINER: This certificate should be ∎xecute ≡ithin 24 hours after d∎ath. execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages r. Page 4 should be forwarded to the Chief Medical Examiner's Office along with the dor your files. WIDOWED DIVORCED event 12, CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY during most of working life even if retired) INDUSTR TING -ONTRACTO any pages in any FATHER'S NAME MOTHER'S MAIDEN File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((If yes give war or dates of service) permit. removal, WWII INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c),] DISET AND BEATH PART I. DEATH WAS CAUSED BY: burlal-transit cremation, or IMMEDIATE CAUSE (8 DUE TO Conditions, if any, which (b) gave rise to immediate BUE TO couse (a), stating CQ. underlying cause last. used as to burial (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) o pe 20a. EXTERNAL CAUSE WAS 3 should basent, prir PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (State) MEDICAL 20e, PLACE OF INJURY (Home, farm, (County) 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour а.т. While Not While at work CTOR: Page designated 19 at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: I Health or its design Undetermined manner death resulted from> Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER please ex director. retained 1 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION. LOCATION (City, town or county) REMOVAL (Specify) 90 0 REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. VR ALSME (5)

• . . TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cashon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15062
CERTIFICATE OF DEATH
15065

-	10000		J
1.	PLACE DF DEATH 2, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	Anne Grundel MARYLAND	a. STATE Maryland b. COUNTY An	neltrundel
	b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If dutside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town) GIEN SUCNIE	Elkridge	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1/	erth Arundel General	BOX 126B Ridge Rd	ON A FARM? YES NO 🔀
3.	NAME DF First Middle	Last 4. DATE Month	Oay Year
	(Type or print) /Tarry w. Diffend	0 // DEATH /Vovember	15 19 46
5.	6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Oays Hours Min.
1		June 12, 1892 14 yrs.	
10a	I. USUAL OCCUPATION (Cive kind of work done 1Db. KIND OF BUSINESS OR ling most of working life, even if retired) INOUSTRY	1 11. BIRT HPLACE (County & State, or foreign country) 12. Cl	ITIZEN OF WHAT
M	achine Operator 91455 House	Maryland	SA,
13.		14. MOTHER'S MAIDEN NAME	
1	Wilbert Diffendall	Unknown	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no/or unknown) (If yes give war or dates of service)	INFORMANT Address	-01 01
	1/0 WI	Ibert 1. Vitlendall Box 1261	3 16109864
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET_AND DEATH
	PART I. OEATH WAS CAUSED BY: Acute Coronar	ry Thrombosis	sudden_
	/ OUE TO	dia a dia a dia a	duration
	Cenditions, if any, which } (b) Hypertensive	Arteriosclerotic CVRD	15-20 yr.
	gave rise to immediate (cause (a), stating the) OUE TO		
		litus- controlled	8yr tor-
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTDPSY PERFORMED?
ICAI			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	.)
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	Santa	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m., While Not While facto	rry, street, office bldg., etc.)	
2.	21. I certify that (I) (this hospital) attended the deceased from	, 1950, to 11/15, 19	66 that (I) (wat last
		t death occurred at 12mM drom the causes and on t	
	22a. SICNATURE	22b. D	ATE SICNED
	R. V. Mariel W. B. C. M.O.	D. PHYS. MEO. STAFF PHYS. 11,	/16/66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	K.V. Nangic	2938 ST. PaulSt.	
23a	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	()	unty) (State)
7.	Jurial 11/18/66 418n17aver	Cometery Baltimore, M.	aryland
24	FUNERAL OIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
1	Imbruse Inc. 1328 Sulpher La Pell	, DATEV 2 1 1966 Jelianla	Judge.

VR AI5 (4) 2DM I/65



in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death if

PM3 Pomme delay is 2, and 3 to

and 2 with the State Department of within 72 hours after death File pages Health or its designated agent, prior to burial, compation, or removal, and in any

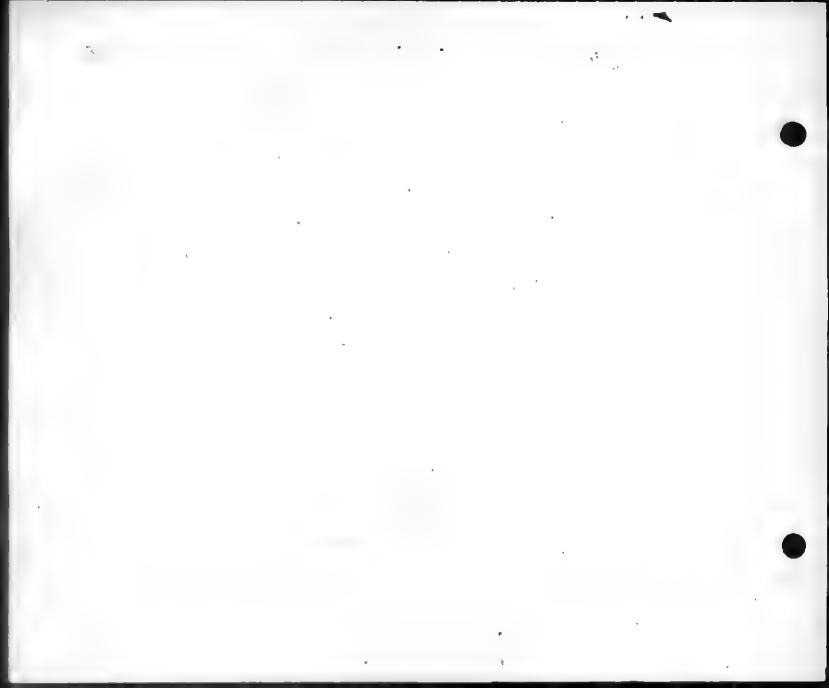
the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit necessary, please execute the certificate, writing the ward "pending

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

	15063	3	MEDIC	AL EXAMIN	IER'S	CERTIFICATE O	F DEATH	, , , , , , , , , , , , , , , , , , , ,	1500	តែ	
1	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased			before odn	ission)
	o COUNTY An:	ne Arundel		MARY	TAND	o STATE Mary	land	b. COUN	TY		j.
-		If outside corporate limits,		: LENGTH OF STAY II		CCITY OR TOWN (If ou	its de corporate	kmits write RUR	A, and give n	earest tow	n)
	write RURAL on	d give nearest town)							3		,
-		Burnie				Pasac	iena			+ /	RES DENCE
		AL OR INSTITUTION (If not a		,		d STREET ADDRESS					A FARM?
	No	rth Arundel (General	. Hospita	1	Rt. 2	2, Box :	21		YES	X NO 🗌
3	NAME OF DECEASED	Frst		M ød e		Lost	4 DATE OF	Month	1	Day	Year
	(Type or print)	EDWARI	D	W.		DUVALL	DEATH	11		11	19 66
5	SEX	6 COLOR OR RACE 7	MARRIED	NEVER MARR ED	x	B DATE OF B RTH		GE (n yeors	IF UNDER 1 Y		NDER 24 HRS
	Male	White	WIDOWED [D VORCED		28 Feb. 190	3	ost birthday) 63 yrs	Months D	ays Ho	urs Min
		(Give kind of work done		OF BUSINESS OR		11 B RTHPLACE (State				N OF WHA	T
du	ing mast of working	lite, even it retired) " MCY "	INDU:	n Farm		Anna A	Fabruar 7	Co. Mi	COUN		
13	FATHER'S NAME	and Sta	1.64	A PAPIN		14 MOTHER'S MAIDEN	NAME	LIDA MO	حل ال	Α	
		D4 -1 2 T	D 33			М.,.	TO THE				
15	WAS DECEASED EVE	Richard T.		AL SECURITY NO	17 1	NFORMANT PLAY	A F MD	ittingt	on	-	
	es, no, or unknown)	(If yes give wor or dates of se		AL SECONITY NO				700.0			
┕	No					Mr. Ernest	Duvall,	Severn	a Park		
		EATH (Enter only one couse TH WAS CAUSED BY	. ,								BETWEEN ND DEATH
		, IMMEDIATE CAUSE (a).	<u>Gunsh</u>	ot Wound	of I	lead				OHJE! AI	ID DERIN
	976 X	DUE TO									
	Conditions, if ony										
	rise to immediate couse (a), storing the underlying couse lost (c)										
	PART II OTHER S CHIEKCANT COMD TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM AND DISEASE CONDITION GIVEN IN PART 1(c)										AUTOPSY
S								,		YES T	ORMED?
CERTIFICATION	200 EXTERNAL CA	ISE WAS	Joh DESCR	IRE UNW INTIDY OF	CLIDDED	(Fotor noture of injury in	Port I or Port II	of item 19.)		163] 100
EE	PRIMARY TO CO		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) Shot self in head								
3	CAUSE OF DEATH						000		(()	1	(5. 1.)
MED C	ZOC TANE OF NO.	RY Month, Doy, Yeor	While -	RY OCCURRED Not While		CE OF INJURY (Home, form ory, street, office bldg , etc.)		(ty or town)	(County	()	(Stote)
Σ	AM pr	11/11 1966	ot work L			tavern	<u></u>				Md.
	21 Certif	y that I taak charge a	if the remai	ns described ab	ave, he	id an Autapsy 🕱 ,	Inspection	, Inqu	ıry 🔲,	and in r	ny opin o
	death resulted frem: / Natura: causes . Accident . Suicide x, Homicide . Undetermined manner .										
		1/1/	1			CHIEF MEDICAL]	-		
	ACTUAL SIGNATURE	MATICA	This	Gala 1	1	M.D. ASSISTANT MED	ICAL EXAMINER	$\overline{\mathbb{X}}$		22. D	ATE SIGNED
	EXAMINER'S					- 11 D	AL EXAMINER [7			
	NAME (Type)	Rudiger Br	reitene	cker		Address (Street	t, city, town, or	(Onuță)		11/1	2/66
23	BURIAL, CREMATIC	ON, 23b DATE THERE	OF	23c NAME OF CEME	TERY OR			TION (City or Tox	vn) (Co	unty)	(Stote)
	Burial (Specify	1				Cemeterv		` '	,	2.62	. ,
2	FUNERAL DIRECTO		- LADO I	ADDRESS	باد کو بادی کی	2So REC	BY REGISTRAR	Baltimo	STRAK'S SIGN	ATURE	
,		Funeral Home	01		3.63		OV 15		Mary	0.0.	110
	stroy	rancrat nome	a greu	Durnie.	IYICI a.	DAIL	7.0	1000		10	7

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15064 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)
Annapolis Severna Park 1 Month d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? Anne Arundel General Hospital Rt. 2, Old Annapolism 3. NAME OF Middle DATE DECEASED **EVANS** DEATH November 1966 (Type or pant) James MMN IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Days Hours 1901 WIDOWED DIVORCED January 1. Male Negro 10h KIND OF BUSINESS OR 12 C TIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY U. S. Meintemance **** Vimginia 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME Martha Evans Luther Evans Address Rt2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Box 37 (Yes, no, or unknown) (If we solve wor ar dates of service) No 217-05-5107 Elizabeth Evans Serverna INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause lost. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 0 NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Haur o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram from causes and an the date stated above and that death accurred at saw the deceased alive an_ 22o. SIGNATURE M D DIRECTOR PHYS ZYHQ 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREO 23d LOCATION (City or Town) (State) 230 (County) REMOVAL (Specify) Arundel Ma Town Heck Church Anne Buriel FUNERAL DIRECTOR Annapolis, Maryland

DATE

VR A15 (4) 20 M 1/66

C.E.Hicks.111

AJT∥NDINA PHYSICIAM: IIIm law requires that the death certificate be exmcuted within 24 havrs after death

and campletely filled in by the fu t remave carban papers. Pages I in any event, within 72 haurs after

cremation, ar remaya

burial,

be detached far use as the State Dept. of Health prior ta

permit.

signed by the burial-transit |

has

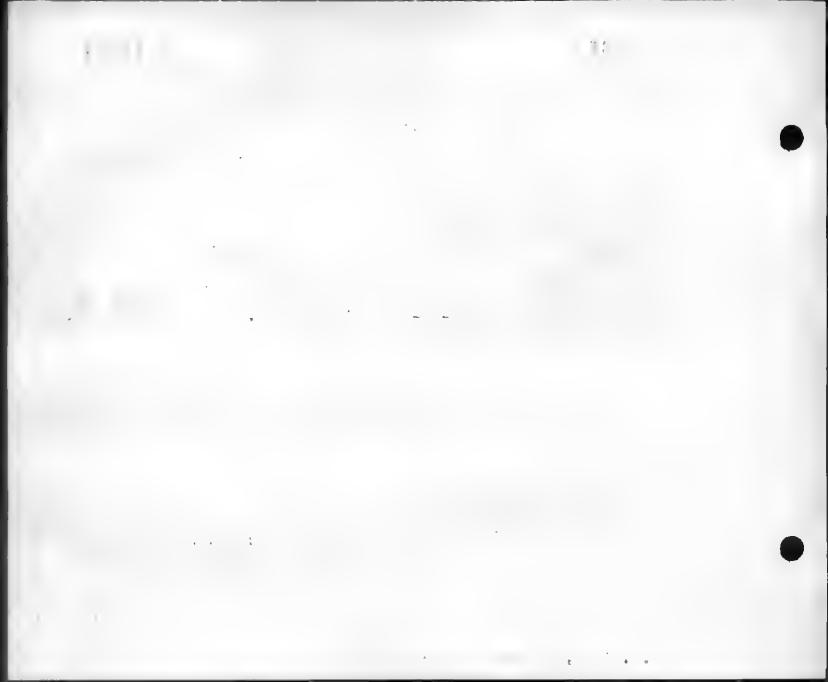
this certificate

O FUNERAL DIRECTOR: After

Page 4 may

director, page 3 should shauld be filed with the

be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

/		19009	CERTIFICATE	OF DEATH		15058	
		PLACE OF DEATH		2. USUAL RESIDENCE, (Who	pre deceased lived, if institution	on: Res dense befare admission)	_
		11111	MARYLAND	11111	1	12661	
	1	wate BURAL and give nearest town)	c. LENGTH OF STAY IN 36	c CIDY OR TOWN (IT outside	de carparate îrm ts, write RUR/	At and give nearest tawn)	
		I NAME OF HOSPITAL OR INSTITUTION (I not in he	aspital, give street address?	d STREET ADDRESS 1	6010	8 IS RESIDENCE	-
		and Den	eral	710 21	Estibash	DONE YES NO E	₹
	(NAME OF DECEASED Type or printy	Middle ENV	and 4	DATE Month OF DEATH	- 24 1966	
	S. 5	tensale CCC. wi	ARRIED NEVER MARRIED 8 DOWED DIVORCED 5	7-30-192	9, AGE (In years ast birthday)	Months Days Hours Min	-
	dan dan	SUAL OCCUPATION (Give kind of work done not most of working life even the fired)	10b KIND OF BUSINESS OR INDUSTRY	TT. BIRTHPLACE (County & ST	late/artareign country)	12 CITIZEN OF WHAT	
	13.	FATHER'S NAMES POLICIT	Bund	14 MOTHER'S MAJDEN NAN	parke	1	_
	IS. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of servi	(9) 16. SOCIAN SECURITY NO 17. IN	M. GNANN	710 Addres	ist	
		18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.		4 11		INTERVAL BETWEEN ONSET AND DEATH	=
- 1		1MMEDIATE CAUSE (o)	Cartiac avroys de	de 10 ando Tr	xix phouls of	2 ((0.70	
		Conditions, if ony, which gave) (b)	ure for			P	
		rise to immediate couse (o). stating the underlying cause last.	Eilater tuto-ovar	an abram (p	youlying) =	grande grand	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				19 WAS AUTOPSY PERFORMED? YES NO	= 3
	L CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Part	I or Port II of item 18)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	20d INJURY OCCURRED 20e. PLACI While Not While facto at work at wark	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	20f (City or town)	(Caunty) (State)	
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased from 1	death accurred at 4	66, to 11/24	, 19 <i>66</i> , that (I) (we) lo	as1
	1	22a. SIGNATURE	, , , , dilo illo			22b. DATE SIGNED	FG.
		1)60	mond MD		RECTOR PHYS.		
		22c. PHYSICIAN'S NAME (Type)		22d ADDRESS			
ľ	23a	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CENTERY OR C	REMATORY	23d LOCATION (CINY of Tow	(County) (Stote)	=
)	1/14	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY	(REGISTRAR 25b RFG	EISTRAN'S SIGNATURA	_
	11	1100 am Reas 07	# (Innana.)	DATE NOV	2 5 1966	Cliarles Judge	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosperium and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their please remaye carbon papers. Pages I and shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any eyent, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 3 TEACH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ANNE ARUNDEL

30

12 CITIZEN OF WHAT

COUNTRY?

USA

F UNDER 1 YEAR

Months

e IS RESIDENCE ON A FARM?

1F UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

18 MONTHS

WAS AUTOPS PERFORMED?

NO

(State)

(Stote)

YES 🖅

19.66, that (1) (we) last

(County)

27b DATE SIGNED

30 nov-66

(County)

25b. REGISTRAR'S SIGNATURE

NO X

66

15066 CERTIFICATE OF DEATH 000 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) by the funeral o COUNTY b. COUNTY MARYLAND ANNE ARUNDEL MARYLAND c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, FI GEO G MEADE 51 DAYS FT GEO G. MEADE completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 7334-A KEELY LOOP KIMBROUGH ARMY HOSPITAL Pour 3. NAME OF First Middle 4 DATE Manth DECEASED OF NOVEMBER PEGGTE JOYCE ADAMS EVANS LOS (Type or print) DEATH S SEX AGE (In Years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED birthdoy) last DEC 1935 FEMALE CAU in ony (WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at fareign country) ician leose during most of working life, even if retired) INDUSTRY Housewife. None Selma Dallas. Alabama 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sign Emmett L. Adams Lorena L. Wheeler 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ft Geo G. Meade, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service 50 418-42-0824 William Evans, 7334-A Kelly Loop Νo l, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY METASTATIC DISEASE TO BRAIN IMMEDIATE CAUSE (a) signed by ottending physicion DUE TO MALIGNANT MELANOMA Conditions, if ony, which gave rise to immediate cause (a), DUE TO BRONCHO PNEUMONIA stating the underlying couse os the hos been PYELONEPHRITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth | CERTIFICATION O FUNERAL DIRECTOR: After this certificate by the hospital or 20a, ACC DENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) detached for Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) factory, street, office bldg., etc.) Hour o.m. Not While at wark at wark 21. I certify that (1) (this haspital) oftended the deceased from 8 Sept , 19 66 , ta 30 Nov be retoined director, page 3 should should be filed with the 1966, and that death occurred at 4:20 M, from causes and on the date stated above. sow the deceased alive an 30 Nov 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING Page 4 may CARL S. ROSEN, CPT, MC ARMY HOSP .FT GEO G MEADE .MD 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY ARELAGTON NATIONAL CEM ARLINGTON. VIREGEAR

ADDRESS

VR A15 (4)

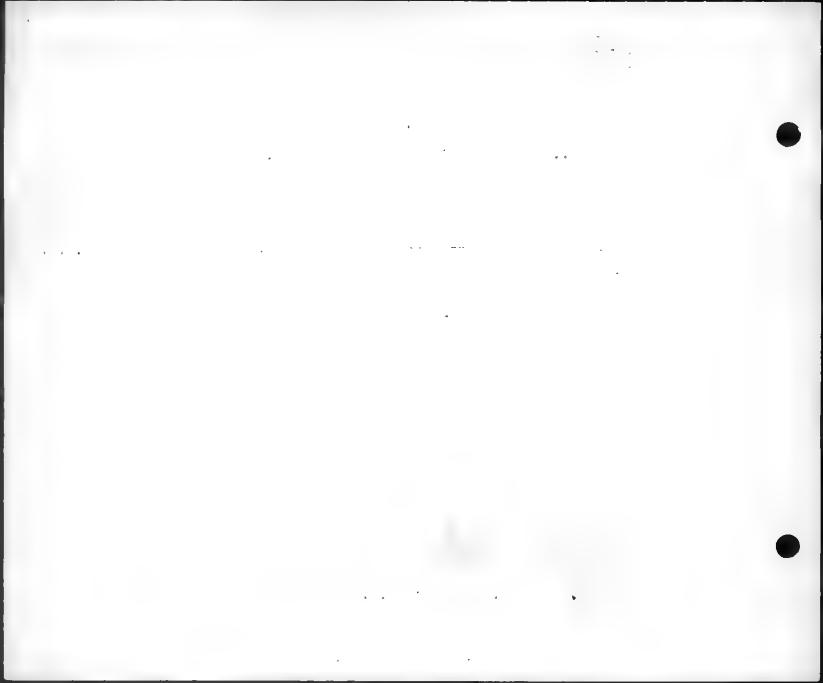
executed within 24 hours after deoth

requires that the death certificate be

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15067 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP.T. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Anne Arundel Beloy IS Page ō death. Maryland MARYLAND Baltimore City b CITY OR TOWN (If outside carparate mits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and wr te RJRAt and give nearest town) Baltimore 3mos. 21days e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS rate De hours a ong with form Crownsviele State Hospital YES NO X 8. Give Poges 613 E. Baltimore Street hours ofter dumth 3 NAME OF e Sti DECEASED (Type or print) #32865 Fanny Andrew within DEATH S SEX 8 DATE OF BRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Male White March 4, 1911 DIVORCED X W DOWED event Office C/I 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BiRTHPLACE (State or fare an country) 12 CIT ZEN OF WHAT COUNTRY? Stock Clerk INDUSTRY Norfolk, Virginia PUQ Examiner's 14. MOTHER'S MAIDEN NAME pencil i 13. FATHER'S NAME be exeruted within Benjamin Fanny Goodman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address the Chief Medicol (Yes_na, ar unknown) (If yes give war ar dates af service remayal. Νń Hospital Records 225-28-8897 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." OWE AND FEEK PART 1 DEATH WAS CAUSED BY ō Acute Alcoholic Intoxication .MMED.ATE CAUSE (a) This certificate showd tote, writing the ward be forwarded to the Ch buriol, cremotion, DUE TO Chronic Alcoholism Canditians, if any which gave Years rise ta immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔀 0 e 20a EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 3 should PRIMARY CONTRIBUTING C should MEDICAL EXAMINER: CAUSE OF DEATH. its designated agent, 20c TIME OF INJURY Manth Day, Year 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) factory street office bldg etc.) Haur a.m. While Not While may be retained for your FUNERAL DIRECTOR: Page Page at wark at wark 21. I certify that Drook charge of the remoins described obove, held on Autopsy Inspection ond in my opinion the funerol director. death resulted from Matural causes Accident Suicide [__] Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 5 m. TO FUNEA. Health or if DEPUTY MEDICAL EXAMINER EXAMINER'S 11-24-66 NAME (Type) Elmer G. Linhardt, M.D. Address (Street, city, town or county) 23 NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT OF LOCATION (City or Town (County) (State) 24 FUNERAL DIRECTOR Annapo型性多,Maryland 2So REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR ATSME William Reese II 108 W. Washington St. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL DESEABLE AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

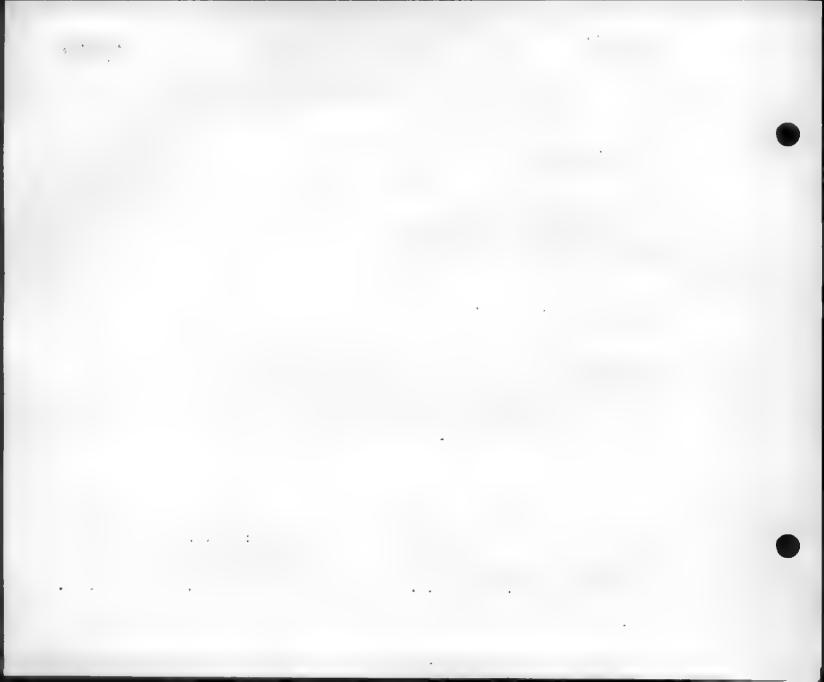
Anne Arundel General Hospital Rt. 1, 80x 748 3. NAME OF DECEASED (Type or print) Clara Hazel FENNER DEATH November 12 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE Month Doys OF DEATH NOVEMber 12 S SEX 1, 80x 74B Y ADATE MONTH DOYS NEVER MARRIED D B DATE OF BIRTH DEATH DOYS INSTANCE D DEATH NOVEMBER 12 S SEX 1, 80x 74B Y ADATE MONTH DEATH DOYS OF DEATH NOVEMBER 12 S SEX 1, 80x 74B Y ADATE MONTH DOYS S SEX 1, 80x 74B Y ADATE MONTH DOYS NEVER MARRIED D B DATE OF BIRTH D S S S S S S S S S S S S S S S S S S	odmission)
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200 ACCIDENT WAS UNDERLYING (205. DESCRIBE HOW INJURY OCCURRED. (Eater noture of injury in Port I or Port II of item 18.)	
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WILLIAM F. MOME, M.D. LET DESIREMENT DOS, MANSPOLLES	
REMOVAL (Specify) 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City of Town) (County)	(State)
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24 FUNDRAL DIRECTOR 250. REC'D BY REGISTRAR S SIGNATURI	
Lobert S. Februar, Sevens Ph. Int DATE NOV 17 1986 Icharles	udal
KBBERTS BARRANCO	7.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit the second carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremotio≡, or reference in any event, within 72 hours often dept.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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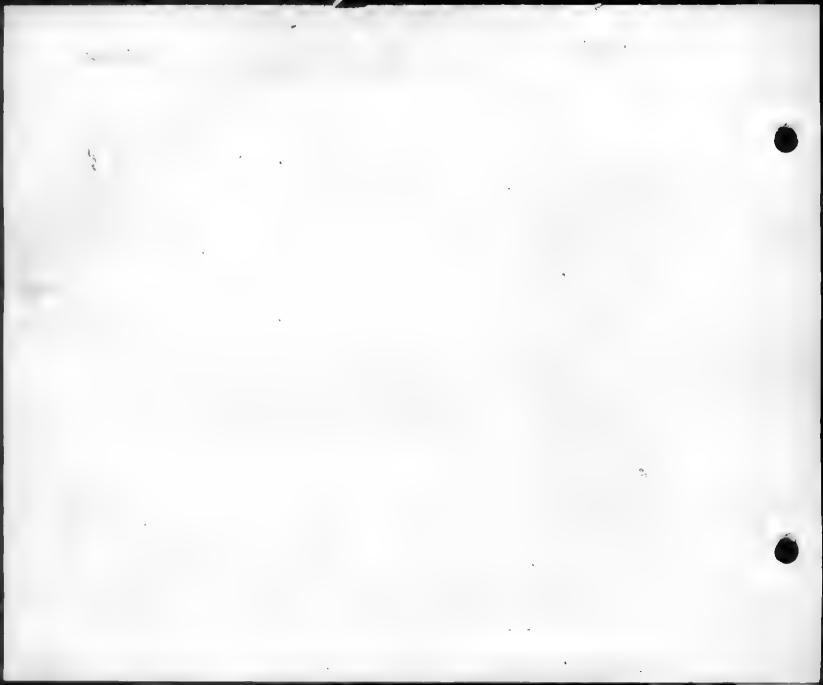
CERTIFICATE OF DEATH

15070

1	O. COUNTY CRUNDE	2 N . O	2. USUAL RESIDENCE AWhere deceded	b. COUNTY	ce before odmission)
-	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor		negrest tawn)
-	d NAME OF HOSPITAL OR INSTITUTION (IF not in	- C O -	d. STREET ADDRESS 518 N. Decke	4	B IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED First VA	CENTINE Fi	lost 4 DATE OF DEATH	8 25 Pm. Month	Doy Year 4 1966
S	A1 6/	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7. 14 //	9 AGE (In years IF UNDER I last hirthdoy) Months	Doys Hours Min.
d	10a UŠUAL OCCUPAT ON (Give kind of work done disting most of working life, even if retired) Lacones	106 KIND OF BUSINESS OR CINDUSTRY	Baltimore, M	70 0	UNTRY? 6 5 A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME BERMAN DIA	E (Fisette	2.) Wilsen
	15. WAS DECEASED EVER 14 U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of se	11/10 2129 5052 Ar	nformant adrew H. Fisch	er 3507 Belo	rir Road
:	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse (c).	Rypen tens	e Eucepa	Calopa Az.	ONSET AND DEATH
AFDACAL CEDATECATION	PART II OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING	RIBUTING TO DEATH BUT NOT RELATED TO 1			PERFORMED? YES NO
.41 CED2	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f	(City or town) (Cou	inty) (Stote)
MEDIA	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ory, street, office bldg., etc.)	(CITY OF TOWN) (COD	(2) (2) (2) (3)
	21. I certify that (this haspite saw the deceased alive an			M, fram cooses and an th	
	220. SIGNATURE AKELLIK	eth MI		PHYS. 22b 07	ATE SIGNED
	22c PHYSICIAN'S NAME (Type) L. BENED	ict M.D	22d ADDRESS	rortle State.	Hoperle
	230. BURIAL (REMATION, REMOVAL (Spec'ty) 11-8-6	6 Sacred Heav	rt (emeteric B	altimore, Me	(County) (State)
The same of	24. FUNERAL DIRECTOR Leonard L. Ruck.	Inc Baltimore. 1	nd. DATE NOV 9		GNATURE Ver Ymage

TOBE 4 1109 be termined by the inception of the function of the function of the completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 21 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours #ft#r dwath PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COONTY bon papers. Pages 1 within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Zal w LUZERK filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hyspital, give street address) 6. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO Z YES: completely f ith: NAME DE DATE Month Day Year 3. Last 4. DECEASED OF 1966 DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR HE UNDER 24 HRS 6. COLOR OR RACE OF BIRTH signed by the attending physician and corburial-transit permit. Then please, remove burial, cremation, or removal, and it any SEX DATE 7. MARRIED last birthday) Months I Days Hours WIDDWED 104. USUAL OCCUPATION (Bive kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR leath certificate lie during most of working life, even if retired) INDUSTRY +NSPELTOR 13. FATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16 SDCIAL SECURITY NO. (Yes, no organkown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] 10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires tast tale Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate him been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, if eny, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI YES NO 🔀 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL (State) 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at/ M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. MED DIRECTOR M.D. PHYSICIAN'S **ADDRESS** NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF REC'D BY REGISTRAR ADDRESS 25b. PUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

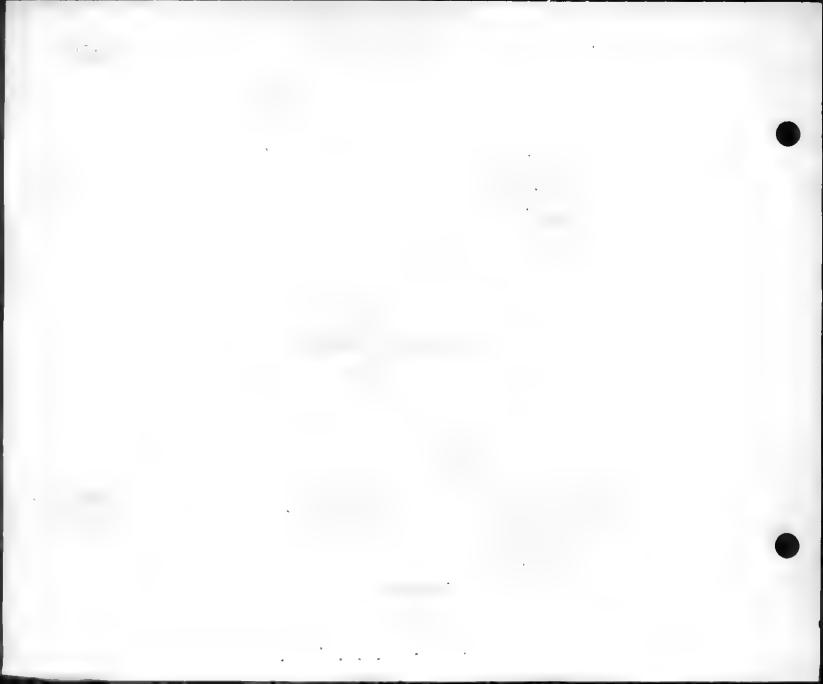
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15071

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

K 214 IF	18		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
LTH DEP	r.)		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admis	sion)
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Exam Fie p			Harry Edwin Blair Lucy Rachel Stiegers-	
X 15			IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unknown) [(1] yes give wor or dotes of service)]	
Medical permit.	5	Į TE	Harry Edwin Blair IS WAS DECEASED FVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Robert B. Frank - See I + em #2.	
e e	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)	ETWEEN
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d for			rise to immediate couse (o), Storing the underlying couse DUE TO	
ded des			lost (c)	
farwarded to the Chief Medical Examiner forwards to the Chief Medical Examiner to used as a burial transit permit. Fie pages			PART & OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH B. J. NOT RELATED TO THE TERMINAL DISEASE COND. LON. G. VEN. IN PART TO.).	JTOPSY
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shou d files. 3 shauld))))	MEDICAL	2 OC TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
4 4 Je 3e 3e	D CD	MED	Hour am Mule Not While Street, office bldg, etc.)	4
age age Ya			21. I certify that Ligax charge of the remains described above held on Autopsy , Inspection , Inquiry , and in my	aninian
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cta cta	20			
De stare	5		ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 22. DAT	TE SIGNED
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್ಹ ⊑ಹ್್	3	230	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
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	64	24	Cremation 11-5-1966 Ceder Hill Crematory Suitland Md.	
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executed within 24 haurs after death ending in pencil in Item 18 Give Page TO DEPUTY MEDICAL EXAMINER: This certificate should be necessary, please execute the certificate, writing the word be



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution, Residence before admission) Me Arunda o COUNTY Page with the State Department of within 72 hours after death. deloy b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL ond give nearest Jown) BASA JEINA-140 DUTTIL d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospitor, give street address) e IS RESIDENCE ON A FARM? along with form DO.A-NORTH- ARVNDEL - HES P. TAL. PCF1-130420711-8. Give Pages The emergined within 24 hours after death 3 NAME OF 4 DATE DECEASED 23 1966 (Type or print) PENCH DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE DATE DE BIRTH 9. AGE (In years F UNDER 24 HRS 7 MARRIED X NEVER MARRIED lost birthdoy) Months 8/20/1597 WIDDWED Office 100 USUA, DCCUPAT DN (Give kind of work done 10b K ND DF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT duraremost of working life, even if ratired) +nsurance e, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME pup 17 INFORMANT WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO **FASACLENA** removal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) This certificate should cremation, **DUE TO** Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART I(a) 9 WAS AUTOPSY PERFORMED? NO 🔀 prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of mury in Port Line Port Line 181) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. I.ME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🖊 and in my opinion death resulted from: Natural causes Accident Homicide [Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE the funeral Health or i DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 11-23-66 NAME (Type) Address (Street, city, fown, or county) NAME OF CEMETERY OR CREMATOR'S BURIAL CREMATION LOCATION (City or Town) (County) 9 SUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5)

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CERTIFICATE OF DEATH

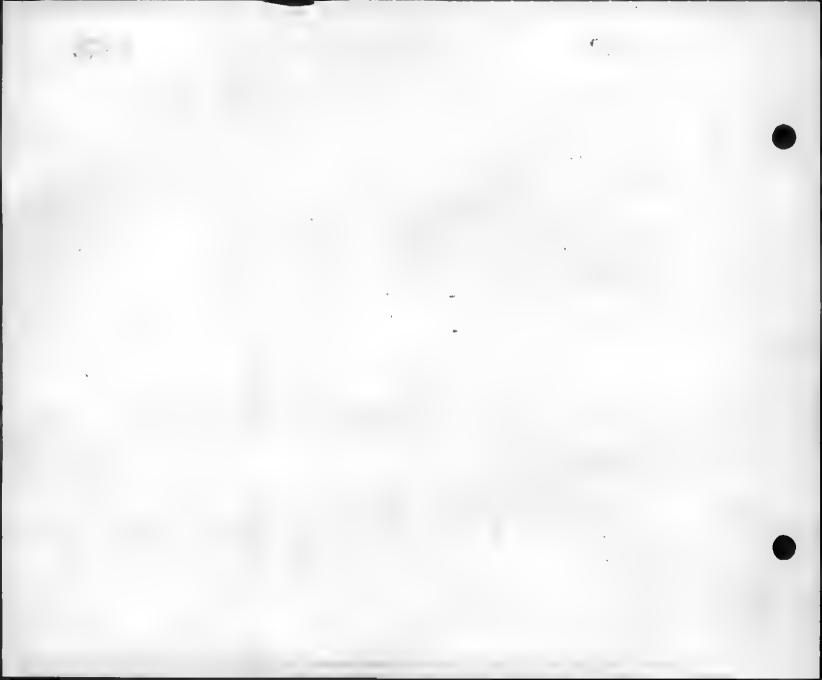
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		PLACE OF DEATH			Where deceased lived, if institution. Resider	nce before odmission)
		Anne Arundel	MARYLANO	o. STATE Marylan	b. COUNTY	Indel
		CTY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 15		tside corporate emits, write RURAL and giv	
		write RURAL and give nearest town) Glen Burnie	50 years	Glen Bu	rnie	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d. STREET AOORESS		e IS RESIDENCE ON A FARM?
Ú		North Arundel Hospital		1902 Cr	ain Highway	YES NO A
		NAME OF First	Middle	Lost	4 DATE Month OF 3.T	Doy Year
		DECEASED (Type or pant) Light State of the	M G	Gerber	DEATH November	6 166
	5	SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED E	B. DATE OF BIRTH	9. AGE (In years IF UNDER Months	Oovs Hours Min.
		Male White WIDOWED	X DIVORCED	Feb. 25, 19	OO (65 yrs Months	oo s mint.
	100		ND OF BUSINESS OR	11. BIRTHPLACE (County		TIZEN OF WHAT
	S	tationary Engineer F	oustry R. tired	Pennsylva	nia 💮 💮	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN A	NAME	
		CALVIN M.		VIOL4 C	HRONISTER	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? In o, or unknown) (If yes give wor or dates of service)	OCIAL SECURITY NO # 17. 1	NFORMANT	Address	10 45 000
		nknown 217	7-07-1097	12VIN 17.9	ERBER GLEN BU	KNIL, MO.
		18. CAUSE OF DEATH (Enter only one couse per line for	$(\sigma)_{\cdot,b}(b)$, ond (c) .)	Λ -	A	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	unal Vase	war al	erdent	3 000
		DUE TO		11000	L E ALLE	+
		Conditions, if ony, which gove (b)	ingoslure	Hear	, Vaillie	Mindles
		stoting the underlying couse DUE 10	A D a C.	. Ma H	Tailes	
		lost) (c)	ULUM) OLE	coale 17	cul cu trese	Lie Wils of March
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL OISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AJTOPSY PERFORMED?
	CAT					YES NO X
	CERTIFICATION	OR CONTRIBUTING TO CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in l	Port I or Port II of item 18)	
	AL CI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	May occupan	e as lumber to	Tool (c)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d IN While		E OF INJURY (Home, form pry, street, office bldg , etc.)		ounty) (Stote)
	2	p.m. 19 of work		11/11/	11/1/1/	
		21. A certify that (I) (this haspital) attend		11/9/64,1	9 10 116 100, 19	, that (I) (we) last
		saw the deteased glive on 15	66_19, and that	death accurred at		
		220 AIGNATURA	milia Mi	ATTENDING TO	MED STAFF	PATE SIGNED
		TO CHYSICIANS	M.L		DIRECTOR LI PHYS LI II	10 10 C
7		NAME (Type) T. B, RAM	IREZ/MI)			D But num 12
/	230	BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
		REMOVAL Specify 11-9-1966	GREENIN	TOUNT	YORK X	ORK PA.
	24	PUNERAL DIRECTOR	ADDRESS /	2So. REC'D	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
1		Meny 1. Nouson Fr.	your,	DATE NI	OV 10 1966 Police	Man Jules
	_					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

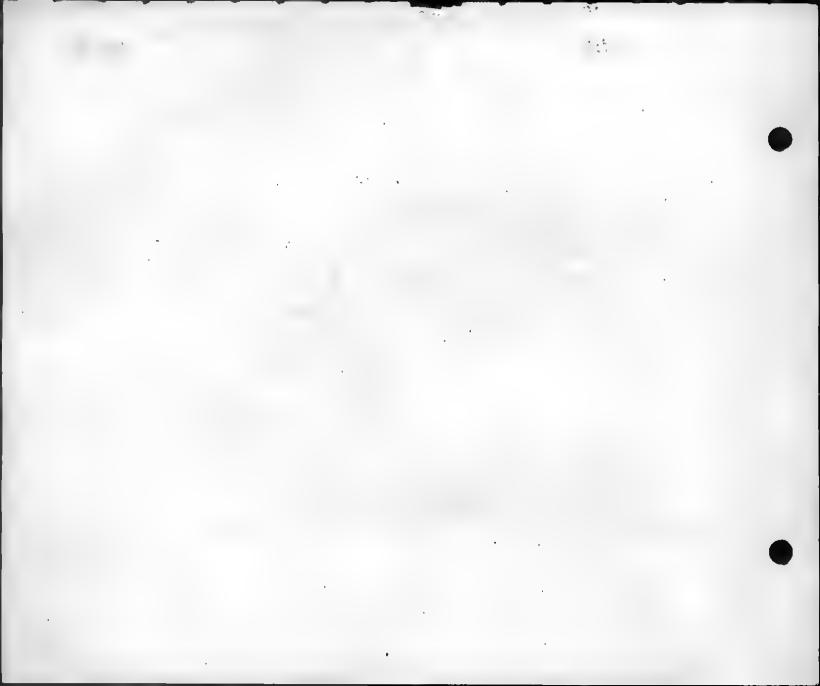
Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



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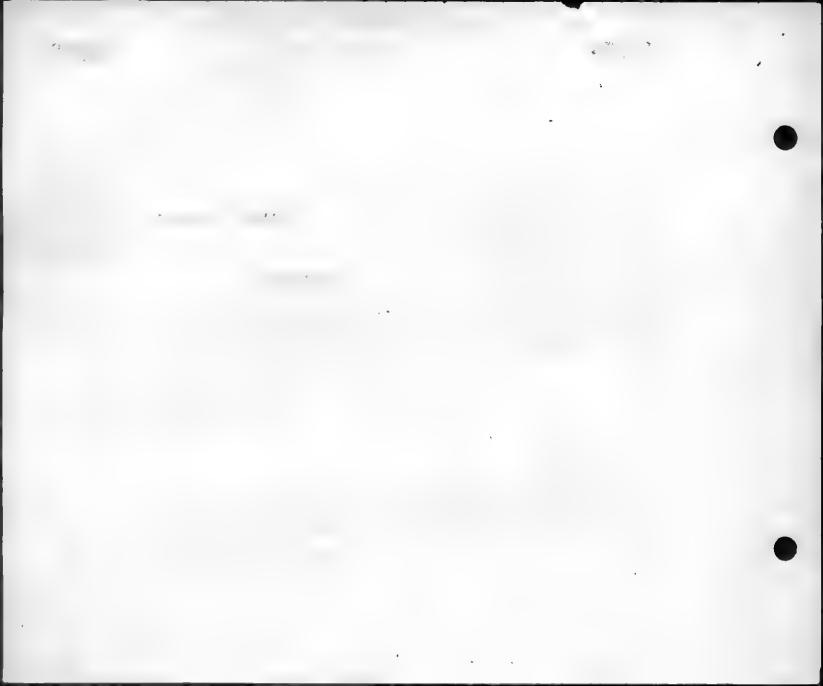
MARYLAND STATE DEPARTMENT OF HEALTH



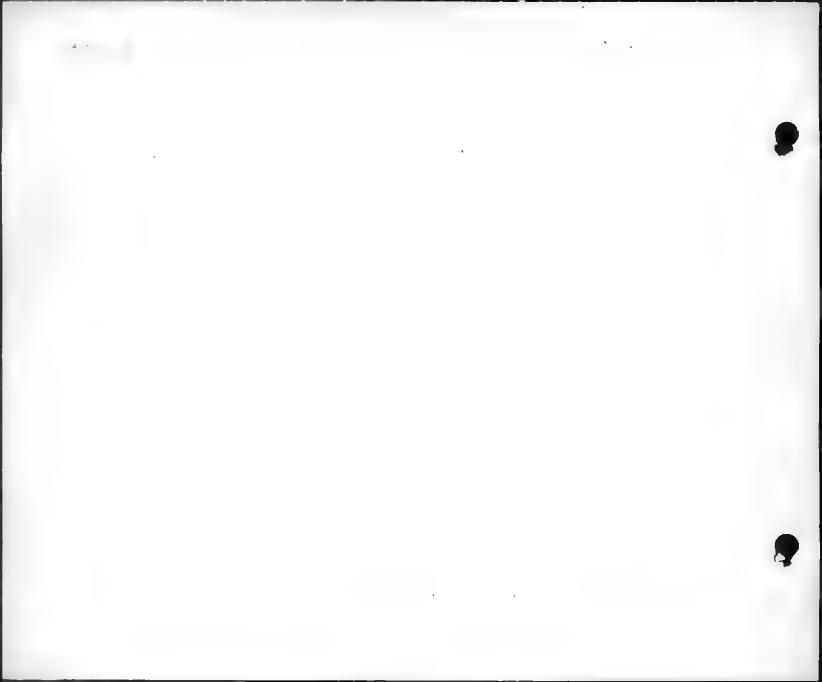
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 84			15075	CERTIFICATE	OF DEATH		15076
funeral and and arred		1.	PLACE OF DEATH COUNTY ANNE ARUND	E-/ MARYLAND	07.175	there deceased lived, if institut on b. COUNTY	Residence before admission) A. ARUNDEL
24 hours after d in by the fur pers. Pages 1 72 haurs after		,	b CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) PNNAPOLIS		14 F154	side corporate limits, write RURAL	and give nearest town), ANNA-POLIS.N
ed within 24 ho vetely filled in I carbon papers. ent, within 72 ho	1	1	ANNAPOLIS NO	RSING HOME	d. STREET ADDRESS VAN BURA	DY BAYRI	e IS RESIDENCE ON A FARM? YES NO
ecuted withit campietely f ave carbon y event, with			NAME OF DECEASED Type or print) SEX 6 COLOR OR RACE	Middle Gold	Lost MAN B. DATE OF BIRTH 2017	4. DATE Month OF DEATH 9. AGE (In years IF	Doy Year / 8 1966 UNDER 1 YEAR 1 IF UNDER 24 HRS.
e executi and camp remave n any evi			USUAL OCCUPATION (Give kind of work done	7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED	12-1- WHU		onths Doys Hours Min
ficate by		dur	ng most of work ng life, even if retired) HOUSE PAINTE FATHER'S NAME	R INDUSTRY	RUSSI A	7	COUNTRY?
oth certi-		15	SIMON GOLDMA WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of	16 SOCIAL SECURITY NO. 17.	INFORMANT	LEMANS Address	
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quires that the physician signed by the burnal-transit ourial, cremat			IMMEDIATE CAUSE (15 4 X DUE Conditions, if ony, which gove)		I'ME MICH	usy	cure no
aw required by significant of the pure			stoting the underlying couse lost.	(c)			
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HYSICIA haspital is certifica ached fa ept. of H			200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY MONTH, Doy, Year	205 DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm,	•	(County) (State)
DING P 1 by the After thi 1 be deta 5 tate D		MEDICAL	Hour o.m p.m. 19	While Not While of work of work of the deceased fram	tory, street, office bldg , etc.)	966 to 11/18	_, 19 <i>66</i> , that (I) (w e) la
R ATTEN retained retained standid with the			saw the deceased alive an	11.0	ATTENDING CEN	MED. STAFF	d an the date stated above
may be re RAL DIREC , page 3	1		22c. Phys Clan's NAMF (Type)	Hochmon, his	D. PHYS ADDRESS 59 From 1	6 Cu N. Anns	polis Jud.
Page 4 may lo FUNERAL (director, pag should be fil			BURIAL, (REMATION, REMOVAL (Specify) BURIAL 11/60/	REOF 23c NAME OF CEMETERY OR WELLWOOD			(County) (State) ong Island, N.
VR A15 (4) 20 M 1/66		_	ol Levinson & Bros.	Inc., 6010 Reisters	1.14	BY REGISTRAR 256. REGIST DV 2 2 1956 22	Charley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY Maryaland COUNTY Poge 0 ANNE ARUNDEL Anne Arundel MARY, AND Deportment b CITY OR TOWN (If outside corporate limits, c (ITY OR TOWN (if outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 P.M3 write RURAL and give nearest town) ofre Annapolis ANNAPOLTS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 5 RESIDENCE ON A FARM? form hours Pages Stote | ANNAPOLIS GENERAL HOSPITAL 1 Murray Avenue - Apt. #3 YES NO NO 24 hours ofter death o ong with 3 NAME OF DATE DECEASED e Ē WITHIN (Type or print) rainne DEATH COODERAV with t S SEX F LINDER 1 YEAR 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Dovs White WIDOWED DIVORCED Female 8 weeks event 10 - 1 - 66CVI 100 USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11. BLREHPLACE (Stote or foreign country) during most of worklen, te, eyen it retired) the Chief Medical Examiner be executed within 13. FATHER S NAMI 14-MOTHER S 70 IS WAS DECEASED EVER IN U.S. ARMED FORCES? -INFORMANT (Yes, no, aguny nown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Interstitial pneumonitis (SDII) JMMEDIATE CAUSE (o) This cert-ficate should word cremotion, DUE TO Conditions, if any, which gove te, writing the volume to the total rise to immediate couse (a) DUE TO stating the underlying couse buriol, a lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERT FICATION YES XX NO 90 0 4 should be 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port L of item 18) prior 3 should PRIMARY CONTRIBUTING CONTRIBUTING CO **EXAMINER:** CAUSE OF DEATH Heolth or its designoted agent, 204 INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month Day Year (City or town) (County) (Stote) Hour om Not While foctory, street, office bldg. etc.) of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy X Inspection and in my apinion Inquiry the funeral director. Natural causes [X] death resulted fram: Acc dent Suicide Hamicide Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER X may be re FUNERAL (SIGNATURE DEPUTY MEDICAL EXAMINER 11-29-66 **EXAMINER'S** WERNER U. SPLAZ, NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) 0 24 JUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15077 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and and USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH o COUNTY nne Arundel Co. b. COUNTY, MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 16 write RURAL and give nearest town) etan and campletely filled in by the dise remove carban papers. Pagand in any event, within 72 haurs, 4 mo. Edgewater d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Annarolia Mursina & Conv. Rt. .. 3 Box 521 YES NO E M ddle 3. NAME DF 4 DATE Year 1066 XIXXX DECEASED Haas 26 Nov DEATH (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR IF JINDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8, DATE OF BIRTH Months Hours April 18,1890 White Fem le WIDOWED X 11. BIRTHPLACE (County & State, or foreign country) 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if ret'red) **COUNTRY?** INDUSTRY Washington, D.C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar rembya Annie Weser James Garden 3108 Walneter Green Ave 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) if if yes give war or dates of service Althea Jackson Wash, D.C. 20028 crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o). DUE TO storing the underlying couse Page 4 may be retained by the hospital or attending (fter this certificate has been be detached for use as the State Dept. af Health prior ta 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour a.m. 1966 sto Ww. 2). I certify that (1) (this hospital) attended the deceased fram. . 1966, that (I) (wee) last 19 66, and that death accurred at 4.20% M, from causes and an the date stated above. saw the deceased alive on___ 220 SIGNATURE 22b DATE SIGNED M.D. ADDRESS 22c. PHYSICIAN'S TO FUNERAL Dr. Verkouw NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (Stote) 25b. REGISTRAR S SIGNATUR. VR A15 (4) 20 M 1/66 Home

MARYLAND STATE DEPARTMENT OF HEALTH

the funeral roges, and 2 and 2 arter reath.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

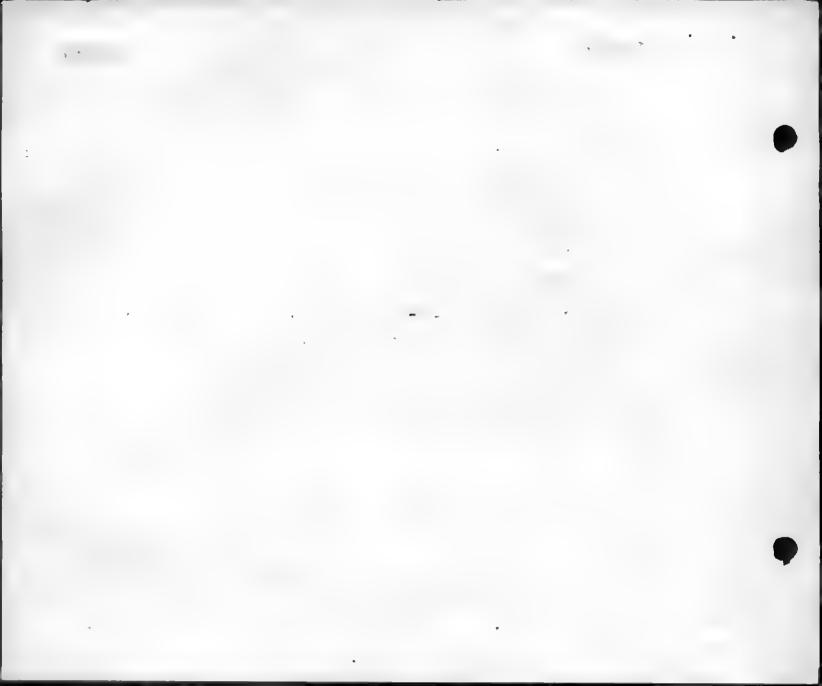
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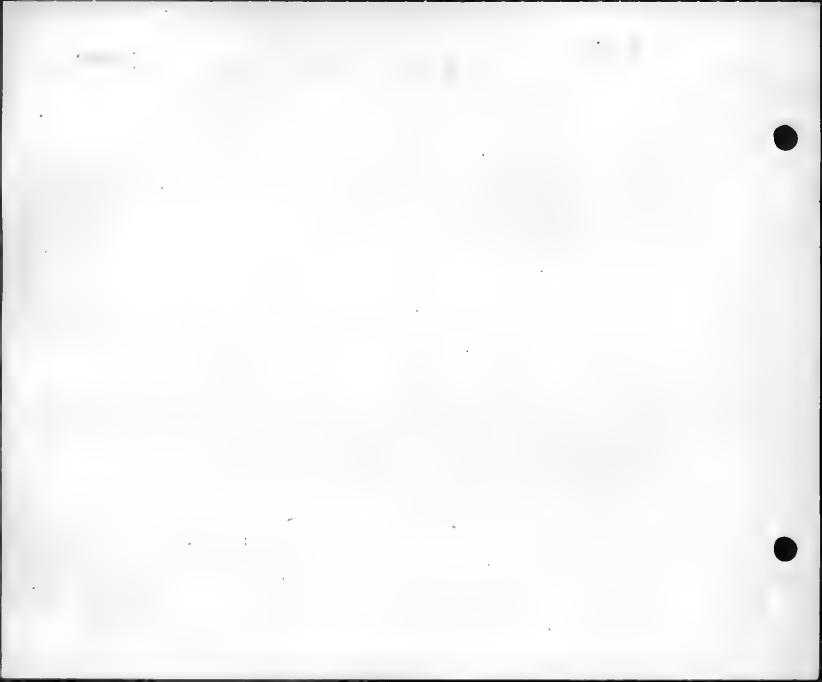
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then Plages remave carbon papers reges should be filed with the State Dept. of Health priar to burial, crematian, ar removal, or did now event, within 72 hour, after the state Dept.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1507	8		CERTIFICA	ATE	OF DEATH			15	079			
	PLACE OF DEATH				T	2 USUAL RESIDENCE (V	Where deceo	sed lived, if institut	ron Residenc	e before odmis	sion)		
	o COUNTY AN	NE ARUNDEL		MARYLAN	D	D. STATE MARY		b. COU	NTY	E ARUND			
	b CITY OR TOWN (f autside corporate imit	s,	c. LENGTH OF STAY IN 16		c CITY OR TOWN (If ou	tside corpor	ote Hrnits, write RU	RAL ond give	neorest fown)			
	FT GEO G	g ve negrest tawn) MEADE		1 Hr, 45 Mi	ns								
		AL OR INSTITUTION (IF o	at in hospito., g	ive street address)		d. STREET ADDRESS				e IS RES	FARM?		
	KIMBROUG	H ARMY HOSE	PTAL			7 BOUTH M	7 BOUTH MEADOW DRIVE						
	NAME OF	F	rst	Middle		Lost	4 DATE	Mon	th	Đoy Y	ear		
	DECEASED (Type or poot)	MARG!	RET	CATHERINE	1	HALL	OF DEATH	NOVEM	IBER	17 19	66		
S		6 COLOR OR RACE		NEVER MARRIED	-	. DATE OF BIRTH		9 AGE (In years	F UNDER 1	YEAR IF UND	ER 24 HRS.		
F	EMALE	CAU	WIDOWED	DIVORCED [51	July 1923	3	lost birthdoy) 43 yrs	Months	Doys Hours	Min		
	USUAL OCCUPATION	(G ve kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or fo	oreign country)		IZEN OF WHAT			
001		retary	P.	Lastic Firm		Passiac,	New .	Jersey	Ü	SA			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	MAME						
	Edwin :	Burgoyne				Jessie Mo	Kay (Mallette					
IŞ.	WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give wor or dates	16. \$	OCIAL SECURITY NO	17 [NFORMANT		Addr	0 \$5				
ĮTE	Yes	WWII 1942	July 3 5	39-14-5483	Am	thur P.Hall	.7 S 1	Meadow Dr	. Gle	n Burni	e.Md		
-		ATH (Enter only one co								INTERVAL B			
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	V CL ID	RACHNOID HE	MOR	RHAGE				ONSET AND	DEATH		
	et 1		(0)										
	Conditions, if any,	/ 1											
	rise to immediat	e couse (o)	(p)	* *·-				<u> </u>					
	stoting the under	rlying couse DUE	10										
	last)	(c)							The mission	Tober		
×	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED	TOT	HE TERMINAL DISEASE CO	IDITION GIV	EN IN PART 1(o)		19 WAS AL PERFOR	MED?		
CATIC										YES [X]	NO 🗌		
TEL	20o ACCIDENT WA		205. DES	SCRIBE HOW INJURY OCCUR	RED.	Enter noture of injury in	Port I or Po	rt II of item 18.)					
MEDICAL CERTIFICATION		MEDICAL EXAMINER)											
SICAL	20c TIME OF INJU	JRY Month, Doy, Year	20d IN	JURY OCCURRED 206		E OF INJURY (Home, form		(City or town)	(Cou	nty)	(Stote)		
ME	Hour o.r	I A	While of work	Not While at work	tocto	ory, street, office bidg , etc.)							
	21 I renti	for that 20) (this ha	spital) attend	led the deceased fra	m ·	Lpm I Nov	966	to 2:45 pm	TI NO	V (980) (1)	(we) last		
	saw the d	eceased alive an_	17 Nov	19 <u>66</u> , and	that	death accurred at	2:45p	M, from causes	and on th	ne date stat	ed obave.		
	220. SIGNATURE	10	in in	1		A PPENDINA	нгр	CTAFF		ATE SIGNED			
	4	acole ()	UME	areo Cpt m	C M.C	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	x 17	Nov 66			
	22c. PHYSICIAN'S					22d. ADDRESS			ATTO A	2.577.0 7277	2070		
	NAME (Type	JOSEPH C.	DIMARCO	,CPT,MC		KIMBROUGH	AHMY	HOSP, FT	GEO G	MEADE,	MU		
230	BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETER	Y OR (CREMATORY	23d. L	OCATION (City or To	wn)	(County)	(Stote)		
	REMOVAL (Specify Burial	21 No	W. 66	Glen Have	en	Memorial		Glen Bur	nie. M	a.			
24	. FUNERAL DIRECTO			ADDRESS		2So. REC'I	BY REGIST	RAR 2Sb. R	egistrár's si	GNATURE			
	Kirklow	Funeral Ho	me Gle	n Runnio M	7	DATE	0V 2	2 1966	Milan	rles Ju	der		



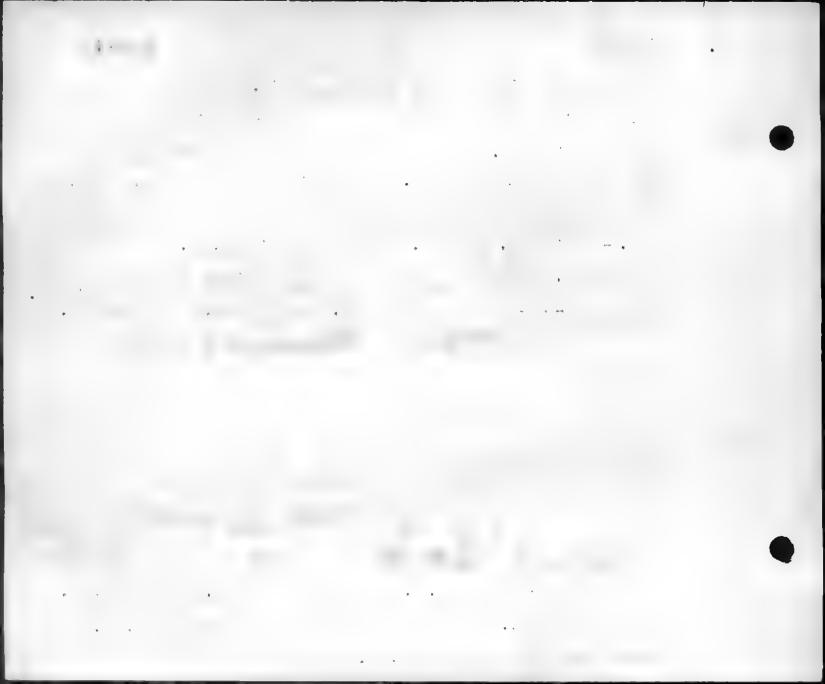
15079 CERTIFICATE OF DEATH O The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY COUNTY g STATE hely filled in by the fun ban papers Pages 1 within 72 hours after p Anne Arunde Maryland Calvert MARYLAND b CITY OR TOWN (If guts de carparate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate firmits, write RURAL and give negrest town) write RURAL and give neorest tawn) Annapolis Dares Beach IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 0 completely filled Anne Arundel General Hospital Prince Fredrick YES NO 🔀 pan NAME OF Middle Last 4 DATE Manth Day Year DECEASED remove carb HALSTEAD 19 66 DEATH November Type or print F UNDER 1 YEAR IF UNDER 24 HRS. SEX 7 MARRIED X DATE OF BIRTH AGE (In years NEVER MARKIED lost birthday) Manths Doys Hours magny November 8,1966 WIDOWED DIVORCED Male White and 10a JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** lease INDUSTRY and physician Maryland U. S. 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME crematian, or remayal, attending phy permit. Then WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO 17 Address/ permit. (Yes, na, or unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p burial, crematic ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (o). DUE TO has been stating the underlying couse prior to t attending the last 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IFICATION. 10 FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES V NO by the haspital ar 205 DESCRIBETHOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER CAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While While at wark at wark 1966 that (1) two last 21. I certify that (1) (this hospital) attended the deceased fram O HOSPITAL OR ATTEND Page 4 may be retained from causes and an the date stated above. and that death accurred at saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING MD. PHYS PHYS NAME (Type) (COBEC 236 DATE THEREOF 23a. BURIAL CREMATION. LOCATION (City or Town) (County) (State) RSMOVAL (Spec fy) Langke REGISTRAR'S SIGNATURE 25a. REC'D BY 25Ъ. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 56



VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15080 CERTIFICATE OF DEATH 15081

1000	V	OLIC III IO	~ -	OI DEATH		1.57111	7.3
1. PLACE OF DEAT	TH	-		2. USUAL RESIDENC a. STATE	E (Where deceased li	ved, If Institution: b. COUNTY	Residence before admission)
	Anne Arundel	MARYLAN	ON I	Md a		i. Goodfill	Δ
b. CITY OR TO	WN (If outside corporate limits L and give nearest town)			c. CITY OR TOWN (If	outside corporate	limits, write RUR	AL and give nearest town)
Glen	Burnie			d. STREET ADDRESS	an Burnie		
d. NAME OF HO	OSPITAL OR INSTITUTION (If no	t in hospital, give street addr	'ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	ain Highway N.				ain High		YES NO E
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day Year
(Type or print)	Arthur	S.		Harding	DEATH	Nov.	11. 19 66
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH	9. AGE	In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male	White WIDO			3 May 1903	6	3 yrs.	Days Hours Min.
10a, USUAL OCCUPA	TION (Give kind of work done 1	Ob. KIND OF BUSINESS OR		11. BIRTHPLACE (Co		an country) 12.	CITIZEN OF WHAT
	king life, even if retired) - Service Sta-	Ret.		D-744-	1/L3	1	COUNTRY? TISA
13. FATHER'S NA		1186e		14. MOTHER'S MAID	nore, Ma		USA
				2,11 111071121 0 111110		-	
15 MACRICEASE	rge I. Harding DEVERINUS. ARMED FORCES?	16, SOCIAL SECURITY NO.	17 (1	NFORMANT	Iillie Mo	y Ruby	
(Yes, no, or unkown)	(If yes give war or dates of service)	10. SUCIAL SECONTIT NO.				"Glen H	Burnie, Mi.
No			Mrs	Mildred 1	raley.	Ritchie	Hghy.
	DEATH [Enter only one cause	per line for (a), (b), and (c).]	_			1	INTERVAL BETWEEN ONSET AND DEATH
PART I. E	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nelostatio	Colo	derve acce	ome of t	4 June	1 V mo
					1	1	
Conditions, If	any, which \						
gave rise to	Immediate (
cause (a),	and Inch						
underlying cau	SIGNIFICANT CONDITIONS CON	TO IDIITING TO DEATH OUT NOT	DELAT	ED TO THE TERMINAL D	I CEACE CONDITION	CIVEN IN DART 1/	R) 19. WAS AUTOPSY
AN LAKE IN THE REAL PROPERTY OF THE REAL PROPERTY O	SIGNIFICANT CONDITIONS COR	IKIBOTING TO DEATH BUT NOT	RELAT.	ED TO THE LEAVINGED	13CH3EVONOT FOR	distriction of	PERFORMED?
202 ACCIDEN	T WAS HINDERLYING [] 1 20	Db. DESCRIBE HOW INJURY	OCCUP	RED /Enter nature of	Inlury In Part I or	Part II of Item	
	T WAS UNDERLYING 21 TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DD. DESCRIBE HOW HOURT	ODOGIN	KED. (Elitor naturo vi	migry in tole ; or	Tajt II or Isom a	
20c. TIME OF Hour a	INJURY Month, Day, Year 2	od. INJURY OCCURRED 206	. PLACI	E OF INJURY (Home, fa	rm, 20f. (City o	r town) (C	ounty) (State)
Hour a		While Not While at work	ractory	, street, office bldg., e	[6.)		
			. 6	Detal. 11	10/ 10/10	1 11 16	that (I) fuel last
	ify that (I) (this hospital) at	tended the deceased from	II—(death accurred at /	COLL from the	and on	the date stated above.
Saw the d	eceased alive on	19 50 and	tnat	death occurred at4.	Z_47 IVS, ITOUL LIN		DATE SIGNED /
228. 31417.	11 0	1 An no		ATTENDING PHYS.	MED ST	AFF - /	Mulled
22c. PHYSIC	121 /3-	Jaco /	M.D.	PHYS. L	DIRECTOR L PH	YS/	114/6400
22c. PHYSIC NAME (Type) / (
	Wayne B. T			108 Centra	Ave.	len Burn	ie, Md.
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE THEREOF	23c. NAME OF CEM	ETERY (OR CREMATORY	23d. LOCATIO	N (City, town or o	county) (State)
Burial	. 15 Nov. 1	966 Glen Have	en M	emorial	Glan	Burnie.	Vd
24. FUNERAL DIF	RECTOR	ADDRESS		25a. REC		0.40	
Kirkley	Funeral Home,	Glen Burnie, M	1.	DATE	OV 15 19	66 falle	wes Judge



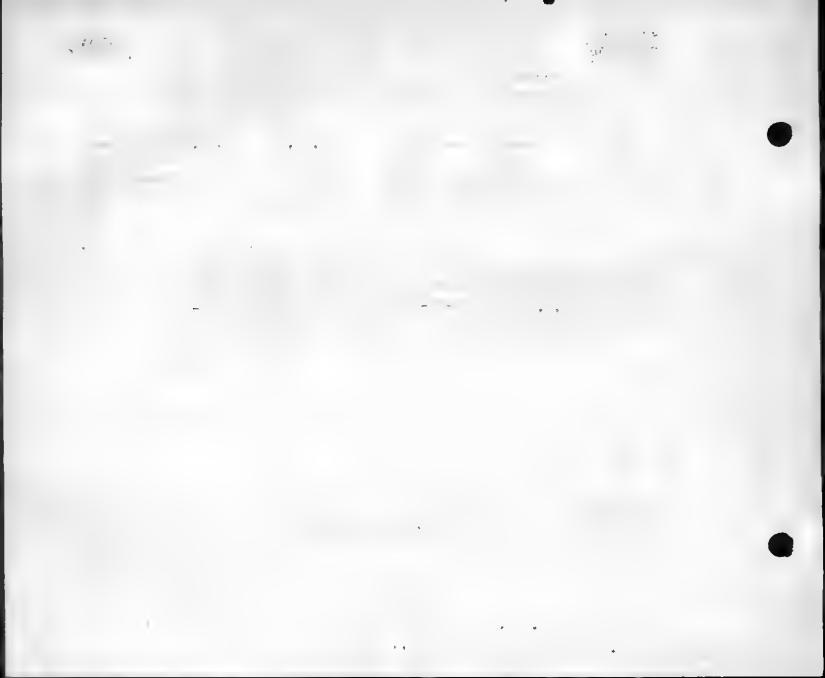
	DIVISION OF	STATISTICAL RES	EARCH AND RECORDS	PARTMENT OF 5, 301 W. PRESTO	NEALIM N STREET, BALTIMORE 1,	MARYLAND
	15081		CERTIFICAT			5082
1.	PLACE OF DEATH e. COUNTY			2. USUAL RESIDENC	E (Where deceased lived, If Institution:	Residence before admission)
		Arundel	MARYLAND	a. STATE Maryl	and b. COUNTY	Anne Arundel
Γ	b. CITY OR TOWN (If or	utside corporate limits, ive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write RURA	L and give nearest town)
	Glen Burn	nie		Pasade	na	,
	d. NAME OF HOSPITAL	OR INSTITUTION (If not In	hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
I_	North Aru	ndel General H	Hospital	Rt. 6, Box	249, Mt. Pleasant E	Beachyes No X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
_	(Type or print)	Gerald	Gordon	Hartley	DEATH November	
5.	Male W	DLOR OR RACE 7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNDE	R 1 YEAR IF UNDER 24 HRS
_		WIDOWE		May 14, 1919	47 yrs.	
du	a.USUAC DCCUPATION (GI ring most of working life	ve kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
<u> </u>	Cab driver		Taxi	Lonaconing	Maryland	U.S.
1				14. MOTHER'S MAID		
1	William MCI Was deceased ever in	Kiney Hartley	S. SOCIAL SECURITY NO. 17.	INFORMANT	Grindle	
Ŕ	es, no, or unkown) (Ifyes	pive war or dates of service)				
-	Yes		17-10-5943 Ri	ta Matilda H	artley - same	INTERVAL BETWEEN
	PART I. DEATH W	Enter only one cause per		carded	1 / 1 ,	ONSET AND DEATH
	IMM	EDIATE CAUSE (a)	cule my	terreces.	infaction	1-Trous
	Conditions, if eny, w	thich 3	mary or To	in elosest	in fourt diesen	a 5-years
	gave rise to immed	diate (1 auc.	ue site u i		1
П	cause (a), stating underlying cause last.		0			
ĕ	***************************************	/ \//	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(2	19. WAS AUTOPSY
CERTIFICATION			Tur	cl		PERFORMED?
E	20a. ACCIDENT WAS U	NDERLYING 20b.	DESCRIBE HOW INJURY DCCL	JRRED. (Enter nature of	Injury in Part I or Part II of Item 1	(8.)
	OR CONTRIBUTING (IF EITHER, NOTIFY M	EDICAL EXAMINER)				
WEDICAL		Month, Day, Year 20d.	footo	CE OF INJURY (Home, fa	rm, 20f. (City or town) (C	ounty) (State)
	Hour a.m.	19 While	e Not while	/ / / / / / / / / / / / / / / / / / / /		
	21. I certify that	(I) (this hospital) atten	ded the deceased from	7/22 19	56 to 11/24 , 190	6, that (I) (we) last
П	saw the deceased	alive on 9/	36 1966, and tha	t death occurred at	AM, from the causes and on	
П	22a. SIGNATURE	12 14 /	//.	ATTENDING -	MED STAFF 22b.	DATE SIGNED
	22c. PHYSICIAN'S	11. //W Jaces	MICEN M.C	D. PHYS. 1	DIRECTOR PHYS. //	20/64
	NAME (Type)	R.M.Make	ughlin	220. ADDRESS	sadeus, Ma	yland
23	 BURIAL, CREMATION, REMOVAL (Specify) 	, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of	
_	Burial	Nov. 28,1966	Baltimore N	ational	Baltimore, Mar	
2	I. FUNERAL DIRECTOR		ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTRA	K'S SIGNATURE

DATE

1936

VR A15 (4) 15M 4-64

George J. Gonce- 4001 Ritchie Hgwy., Baltimore



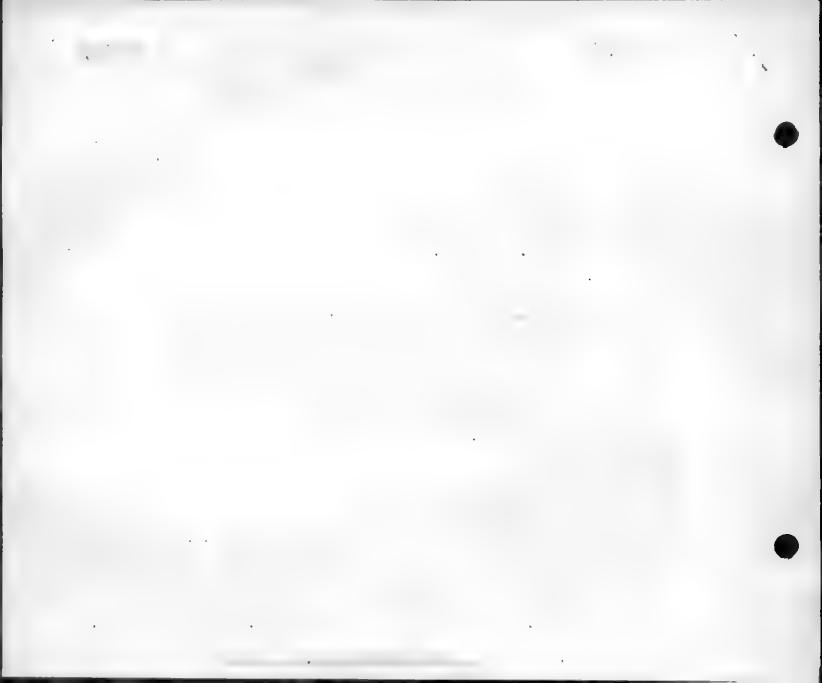
15082 CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission) o. COUNTY b. COUNTY o. STATE Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Pasadena 4 bleeks d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Anne Arundel General Hospital YES 3 NAME OF First Lost DATE DECEASED (Type or print) John Henry MARTSEL DEATH November 16 19 S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED K **NEVER MARRIED** lost birthday) Months January 25,1895 WIDOWED DIVORCED Male white 100 USUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY North Carolina Janitor (Ret Plant 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Israel Houston Hartsell Mandy Malinda Hartsell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service No 16 SOCIAL SECURITY NO. 17. INFORMANT Dollie A. Hartsell(Wife)Same as 243-01-8535 Mrs. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (I) (we) last nov. 15 19 66 and that death accurred at saw the deceased alive an from causes and an the date stated above 22n SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR 22c PHYSICIAN'S 23o BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Nav. 19.1966 Glen Haven Memorial Pk. Glen Urnie 24 FUNERAL DIRECTOR

Glen Rurnie

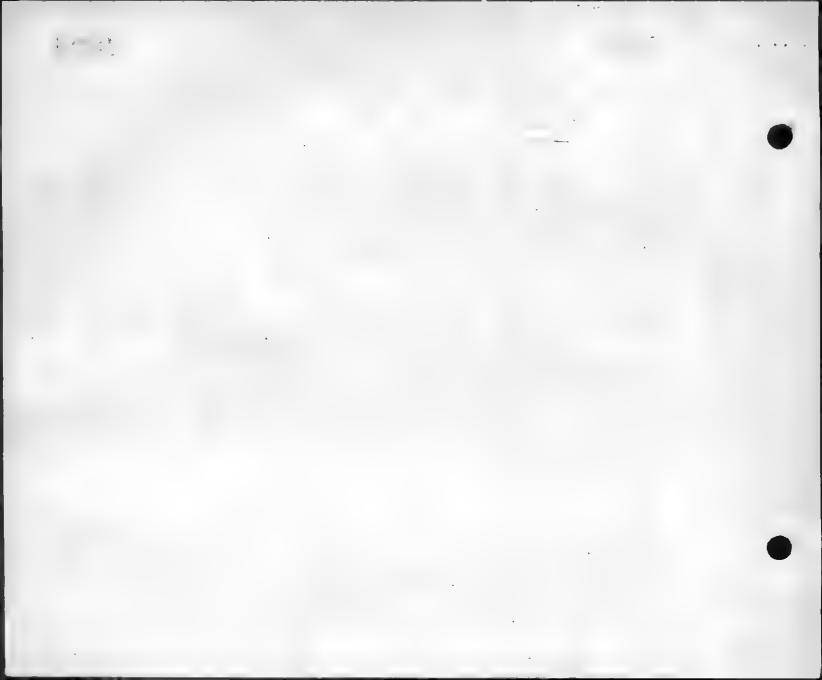
death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral axe carbon papers. Pages 1 and y event, within 72 hours after deat remaye and in any and please TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then plushauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Richard V. Singleton



2-1	1		DIVISCIO	N OF STAT	FISTICAL P		D STATE D	EPARTMEI			TIMODE 1	MADVI	AND
The state of			15083	3	HOTICAL N		ERTIFICA	,		MELI, DAL	. I IMONE 1,	150	84
funeral and r death.		1. PL a.	ACE OF DEATH	Pone	Usez	celef		2. USUAL a. STAT	RESIDENCE (WI		ed, If institution b. COUNTY	Residence	before admission)
hours after in by the rs. Pages 1 hours after		b.	CITY OR TOW Write RURAL	N (if outside and give near	corporate limit rest town)	ts, c. LE	MARYLAND NGTH OF STAY IN 1	b c. CITY OR	TOWN (If outside	0	mits, write RUR	AL and give	e nearest town)
24 hours filled in by appers. Pag		d.	NAME OF HO	SPITAL OR INS	TITUTION (if n	ot in hospital,	give street addres			,	1 (17/5)	6.	. IS RESIDENCE ON A FARM?
	J#	_//	ORTH.	74	a A	Rundel	Hosp	248	Kuls		lucnic		ES NO
ited within completely ve carbon event, with		DE	ME DF CEASED ype or print)	Ede	, First	Th	Middle omas	Lea-p		DATE OF DEATH 7/2	Honth Esseler	Day 5	1966
executed within and completely remove carbon		5. SE	x Vale	6. COLOR DE	RACE 7. MA	RRIED NE	VER MARRIED	8. DATE OF E	ec 29, 19	9. AGE (Ir last b)	rthday) Month:		FUNDER 24 HRS Hours Min.
be exsician a lease re	:	10a. U	SUAL OCCUPAT most of work	TON (Give kind ing life, even	of work done if retired)	10b. KIND OF INDUSTR	BUSINESS OR	11. BIRTHI	PLACE (County &	k State, or foreig		CITIZEN C	F WHAT
physician please	- I		ATHER'S NAM	ned /	ngR	CaT's	Pou (m	14. MOTHE	ER'S MAIDEN N	Re n	20	4.5	Ą
attending pr		15 14/	Ha	RRY	Hear RMED FORCES?	2 Ay	SECURITYNO. 1	7. INFORMANT	se /	AndRo	Address / 0	7 1300	Salar Section
atten atten rmit.	5				or dates of service	0 10	0-1580	me To	n t e (m)	Heaphy	(50A)	Ghen	Burnia
ding physician. ding physician. been signed by the attending physician the burial-transit permit. Then ple to the physic physician cremation or removal.		11		Death [Enter Eath was cal	only one cause	e per line for	(a), (b), and (c).]	100	/	1.	*)	INTER	ET AND DEATH
s that 1 ysician. igned b igi-tran	-		4120	IMMEDIATE	CAUSE (a)	leuce.	myotar	diaf	legare	Grow		_ 27	- Carre
physi physi n sign burial			onditions, if		(b)					<u> </u>			
law requires that a attending physician has been signed the e as the burial-trai		c u	ause (a), s nderlying cau:	tating the	DUE TO								
4: The faw rial or atten fiftcate has for use as Health print	id same		ART II. OTHER	SIGNIFICANTO Leafe	ONDITIONS CO	NTRIBUTINGTO	O DEATH BUTNOTR	ELATED TO THE TI	erminal disease	SECONDITIONS	IVEN IN PART 1	(a) 19. YE	WAS AUTOPSY PERFORMED?
聖禮 보고 2	5	CERTIFICAT	Da. ACCIDENT R CONTRIBUT F EITHER, NO	WAS UNDERLY ING CAUSE TIFY MEDICAL	YING () OF DEATH EXAMINER)	20b. DESCRI	BE HOW INJURY OF	COURRED. (Enter	nature of Injur	y in Part 1 or I	Part II of Item	18.)	
	מופ הכל	MEDICAL	Hour a.		1	While No	OCCURRED 209. I	LACE OF INJURY ctory, street, offi	(Home, farm, ce bidg., etc.)	20f. (City or	town) (County)	(State)
ATTENDING P retained by t CTOR: After S should be	5	≥					deceased from	2/6	, 19/60	2, to 11/	3 19		at (I) (we) las
E retained SECTOR: A 3 should	M III	ž	saw the de 2a. SIGNATU	ceased alive	on	13	19 <i>46</i> , and t				22b.		e stated above INED
50 50 5	<u> </u>	_	2c. PHYSICI	17. 11k	Farey	hlen		M.D. PHYS.	MED. DIRECT	TOR PHY	s. 0 7/6	search	en 4.194
Page 4 may be TO FUNERAL DIRE director, page 5	2 /		2c. PHYSICIA NAME (T	ype) R.P.	ne La	reeg hli	well Do	3708	Microse	to an In	Pel Sta	seden	ea, Med.
Page Page Of FU	NIOTE A	23a.	BURIAL, CREM REMOVAL (Sp	ecify)	DATE THERE	230.	NAME OF CEMET	ERY OR CREMATO	ORY 2	-	city, town or Burni	2 41 -	(State)
	(H)	24.	FUNERAL DIR		ey /_/	766 10,	ADDRESS	en 19/5-19	I MOST	Y REGISTRAR	25b. REGISTR	AR'S SIGN	
VR A15 (4) 15M 4-64	1	1	ichai	Rd V	Singl	cton	Chen B.	enie Ma	DATE NUV	9 196	b grade	res	7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY b COUNTY Page Deportment of urs after death. MARYLAND deloy b CTY OR TOWN (flourside corporate limits C LENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) write RLRA, and give natest town) and PM3 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 8. G ve Poges 1, form haurs CUAIL Chapel-Rd. with the State [within 72 haur 24 hours ofter death WITH 3 NAME OF 4 DATE Month DECEASED E DNARD (Type or print) 11 olong 1 DEATH with S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED MEVER MARR ED lost birthdoy) WIDOWED DIVORCED event Office ond 2 pencil in Item 1 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, everthered) INDUSTRY Page/ the certificate, writing the ward pending in pencil in 4 should be forwarded to the Chief Medical Examiner's 13. FATHER'S NAME This certificate shauld be executed within 14 MOTHER'S MAIDEN NAME and WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service) removof. 16. CAUSE OF DEATH (Enter only one couse per line for (97, (b), and (c).) PART I DEATH WAS CAUSED BY 0 IMMED ATE CAUSE TO used as a burial-tr burial, cremotian, **DUE TO** Conditions, if ony, which gave rise to immediate couse (a), DUE TO storing the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 2 aq 200. EXTERNAL CAUSE WAS its designoted ogent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of item 18.) 3 should PRIMARY CONTRIBUTING CONTRIBUTING OTCAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month Day Year 20f (City or town) Hour am Not While foctory, street, office bldq, etc.) Poge nt work 🔲 of work 21 I certify that took charge of the remains described above, held an Autopsy Inspection -Įo Natural causes 7. Accident the funerol director death resulted from Suicide Homicide be retoined CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER moy be re FUNERAL L O DEPUTY

ONSET AND DEATH 19 WAS AUTOPSY PERFORMED? NO (County) (State) Inquiry ond in my opinion Undetermined manner 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME_(Type) Address (Street, city, town, or county) BURJAL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY LOCATION (Cty or Jown) REMOVAL (Specify)

AACU

IF JNOER 1 YEAR

2 CIT ZEN OF WHAT COUNTRY?

Months

e IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

196 €

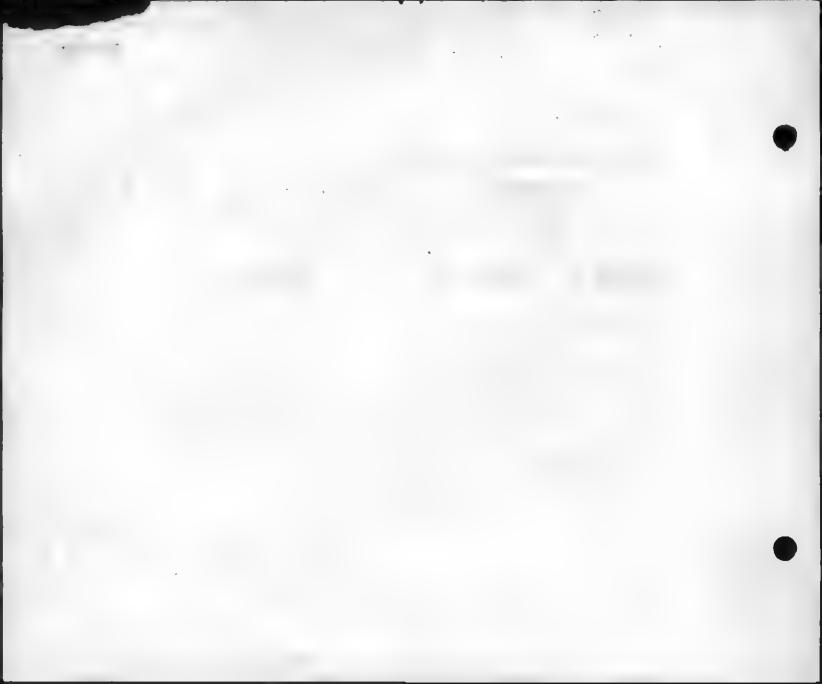
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5 moy be TO FUNERAL Health or i



Mary Mary	7	1	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	2120
	(Mg		Drive Polis Will SteruFicaTE OF DEATH	15086
er death	funeral and a depth		PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution, Red of STATE Deceased lived) MARYLAND	esidence befare admission)
aurs offer	and campletely filled in by the funeral remave carban papers. Pages 1 and In any event, within 72 haurs after death		b CITY OF TOWN (If autside carparate limits, write RURAL on write RURAL and give nearest town) C LENGTH OF STAY IN 1b C CITY OR TOWN (If autside carparate limits, write RURAL on EDTEWATER)	
requires that the death certificate be executed within 24 haurs	campletely filled in tave carban papers. y event, within 72 h	,	d NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address) HNWAPI KIS PUCSING NOME RT#Q	e IS RESIDENCE ON A FARM? YES NO P
ed with	nd campletely f emave carban any event, with	3	NAME OF DECEASED CATALOGUE E Middle Lost OF DEATH NOV 4 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 1890 9 AGE (In years FU	Day Year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
execut	nd cam emave any ev		WIDOWED DIVORCED MAY 16-18/8 91 To yis Man	
cate be	physician and chem please removal and any	d	uring more of working life owen freshed) CIVIL SERVICE WOODWARD MASS 3. EATHERS NAME	COUNTRY? A.
n certifi	ng phy Then emaval	4	PERANCE MAGUICE BRIDGETT S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
e death	prystan. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava		Yes, no adunknown) (if yes give war or dates at service) THEMAS J. HIGDON EDGEWA 18 CAUSE OF DEATH (Enter only one cause per line fac.(a), (b), and (c).)	21368 PTER MD.
that th	prrysician. signed by the burial-transit p burial, cremati		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO	ONSET AND DEATH
requires			Canditians, if any, which gave is to immediate cause (a), stating the underlying cause DUE TO DUE TO	Rey
e law	or anenang cate has been far use as the Health prior ta	2	lost (c) (c) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AJTOPSY PERFORMED?
		Controlection	Quenchised a large slaverer 200 ACCIDENT WAS UNDERLYING CI 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18)	YES NO
PHYSICIAN:	the e	MEDICAL CED		(County) (State)
DING P	by me ruspi (fter this certi be detached State Dept. of	9700	Haur a.m. pm. 19 While at wark at wark at least at wark at least	, 19, that (I) (we) las
ATTENDIN	RECTOR: A should with the		saw the deceased alive an 11/3 66 19 , and that death accurred at 8 20 M, fram causes and 220. SIGNATURE	
AL OR	a may be retained by the truspital of IERAL DIRECTOR: After this certificate or, page 3 should be detached far ut die be filed with the State Dept. of Heal		22c. PHYSICIAN'S NAME (Type) VECTOR AD O CINCLO PLATE ATTENDING MED DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS	Av. 18. 11
O HOSPITAL	rage 4 may be relained by me rus. • FUNERAL DIRECTOR: After this ce director, page 3 should be detache shauld be filed with the State Dept.	2	130 BURIAL CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
01	VR A15 (4)	-	DUNIAL IN STREET PRAIL CEMI, MILLIONER	ARE SIGNATURE Judge
			ACHIE LE INTERNATION OF THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	

-



FOR STATE HEALTH DEPT.

P.M.3 Page

any delay is

in pency in Item 18 Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death

TO DEPUTY MEDICAL IXAMINER:

destablishe alang with form

the funeral director. Page 4 shauld be farwarded to the Chief Medical Exami necessary, please execute the certificate, writing the ward "pending

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health ar its designated agent, prior to burial, crematian, or remayal, and in any event with n 72 hours after death may be retained far yaur files

MARYLAND STATE DEPARTMENT OF HEALTH

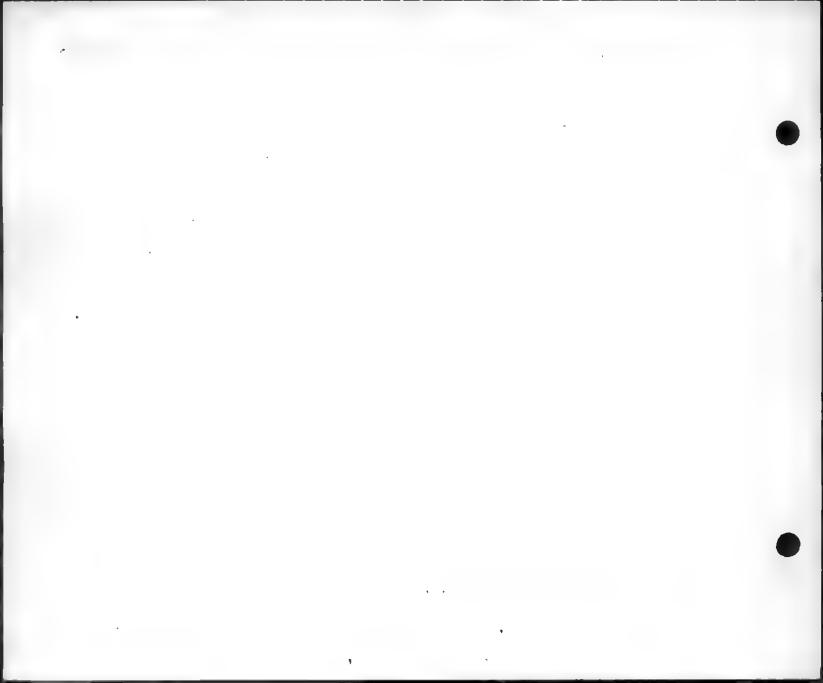
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15086

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15087

	PLACE OF D	EATH			2 USUAL RESIDENCE (Where deceosed lived		nce before odmission)			
	o. COUNTY	Anne Arundel	MARYLAN	ND.	o STATE Mary	land	b COUNTY And	ne Arundel			
	b (ITY OR	OWN (If outside corporate latten	c LENGTH OF STAY IN 1	b	CITY OR TOWN (If au	itside corporate limit	s, write RURAL and g	re nearest town)			
	wille KO	ANDADOXXXX Burnie	DOA		XXOOX	DONDIEX	Pasadena				
	d NAME OF	HOSPITAL OR INSTITUTION (If not in hosp	tol, g ve street address)		d STREET ADDRESS			e S RESIDENCE ON A FARM?			
2		North Arundel Gen	eral		Rt.9	Box 230		YES NO EX			
	3 NAME OF DECEASED	First Ma	bel Middle		Lost	4 DATE OF	Month	Doy Year			
	(Type or pri	The state of the s	н.		Holland	DEATH	11	22 19 66			
	S SEX	6 COLOR OR RACE 7 MARR] [DATE OF BIRTH	9 AGE (In years IF UNDER	Doys Hours Man			
	female		VED 🖵 DIVORCED [16 Nov . 188/	4 82	yrs.				
	100 JSUAL OCCU	PATION (Give kind of work done orking life, even if retired)	KIND OF BUS NESS OR INDUSTRY		11 BIRTHPLACE (Stote	or foreign country)	12 (TIZEN OF WHAT			
	Hou	sewife	Own Home		East No	ew Market	. Md.	UNIRY?			
Ì	13 FATHER'S N				14. MOTHER'S MAIDEN N	NAME					
		Samuel Higgins			Mat	ry E. Wri	ght				
		SED EVER IN U.S. ARMED FORCES? Town) (fiyes give wor or dotes of service)	16 SOCIAL SECURITY NO	17 I	NFORMANT		Address				
	No.	(Asz dise wor or goles or sets (s)		М	rs. Jane Bro	eadv. Sev	erna Park	Md.			
- 1	18 CAUS	OF DEATH (Enter only one couse per line	for (a), (b), ond (c))					INTERVAL BETWEEN			
	PART	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease ONSET AND DEATH									
	42	2 / DUE TO									
Ì		if ony, which gove } (b)									
		nediate cause (a), DUE TO									
	lost.	(c)									
	PART II O	HER S GNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PA	RT 1(o)	19 WAS AUTOPSY PERFORMED?			
_	CATION							YES NO			
	<u> </u>	NAL CAUSE WAS 20th	DESCRIBE HOW INJURY OCCU	RRED (Enter noture of injury in I	Port I or Part II of at	ern 18)	partial			
	CAUSE OF D	or Contributing []									
					E OF INJURY (Home form		or town) (Co	unity) (Stote)			
	_	n.m. 19 ot	/hile Not While work of work		nry, street, office bldg., etc.)	•					
	21. 1	certify that I took charge of the	remains described abov	e, hel	d an Autapsy	Inspect on	, Inquiry ,	and in my opinion			
		resulted from: Natural causes			de 🔲 , Hamicide		mmed monner	_ ' '			
		11120			CHIEF MEDICAL			_			
	ACTUAL SIGNATUR	Manich V	1-7 ~		M.D ASSISTANT MED	ICAL EXAMINER 🔣		22. DATE SIGNED			
	EXAMINER	Werner U. Spitz	M D			IL EXAMINER		11/22/66			
	NAME (Ty	101				, city, town, or coun	1.1				
	230 BUR AL CE REMOVAL	Specify	23c NAME OF CEMETER			23d LOCATION		(County) (State)			
	Burk	al 25 Nov. 66	Baltimo	re	Cemetery	Balti	more, Md.	PENATURE			
1	24 FUNERAL I		ADDRESS			NOV 28	256 REGISTRARS	ianles Judge			
1)	Kirk	lev Funeral Home.	Glen Burnie.	MH.	DATE	NUV 40	11000 1				



FOR S	STATE		15087		MEDI	CAL EXAMIN	IER'S CE	RTIFICATE	OF DEATH		1508	38
HEALTH	H DEPT.		LACE OF DEATH		-		2		(Where deceosed ve			
is to	TO # 20	(COUNTY M. 19. @	4 .		MARY	TAND	O STATE MI	0	b (OUNTY	AACO	•
300	eoth o	· · ·	CITY OR TOWN (I outside	carparate limits.	-	c LENGTH OF STAY I		CITY OR TOWN (f	outside corporate limit	ls, write RURAL	ond give neorest to	(wn)
ny delay is 2, ond 3 ta PM3. Page	ž ž		RURAL ond give ne	arest town]				N. LINI	1 /			
2 7 P	off	-/	NAME OF HOSPITAL OR IN		hospito ni	ve street address)	1 1	STREET ADDRESS	110011		l e l	S RES DENCE
= - E	De Jrs	,	DUN-NUK				_ "	-	criol	1 ve		N A FARM?
hmurs after death If a Item 18. Give Pages 1, Office along with form	State Department of 2 hours ofter death	2 1	AME OF	10.172	01-00	Made	1	lost	4 DATE	Month	Dov	Year
death Page with f	the Strin 72	(DECEASED	French 1	r	M one.	110	0355	OF	//	25	19 6 6
er e	with the	5 5	Type or print)	R OR RACE 7	MADDIED F	J. NEVER MARR ED		ATE OF BIRTH	DEATH 1 9 AGE	* '		UNDER 24 HRS
after 8. Giv along	withi	2 .	M		MARRIED ∫ WIDOWED [DIVORCED		-4-188	C last	birthday) M		lours Min
haurs Item 1 Office	lond2 v	10-	CUIN OCCUPATION (C)			D OF BUSINESS OR			e or foreign country)	YTS	2 CIT ZEN OF W	HAT
er and	lo lo		USUAL OCCUPATION (Give king most of working life, even			OZIKA OZIME22 OK		BIKIPPLACE (SIGI	e or fore git country)		COUNTRY?	JIAI
24 in ir's	ges	10	CARPENTER		REI	TRED		AUSTRIA	ALABA		AUSTRIA	
within pencil xamine	pages In ony	13.	FATHER S NAME				14	MOTHER'S MAIDEN				
wit pe xan	File			FRANK				JOAN	INA	4.11		
ъ. <u></u>	-		WAS DECEASED EVER IN U.S. / s, no, or unknown) ((If yes gir			OCIAL SECURITY NO.	17. INFO	RMANT		Address		
executed inding" in Medical (NO		2]	<u> 18-01-4430</u>	Mrs.	Victoria	Hrubes,	7 Color		
d bm executed within 24 d "pending" in pencil in Chief Medical Examiner's	ā		18. CAUSE OF DEATH (Ent	er only one couse			. /	- 0	0			AND DEATH
b∎ ief	burial-transit matian, or re		PART I. DEATH WAS C	MEDIATE CAUSE (o).	Cute	nusclir	west	energy			بالرام الم	- CONTIN
should e word o the Cl	ıl-tr		サカット	DUE TO				Ø				
ods w e	ig fri		Conditions, if only, which g									
事も古	o burial-tr		stoting the underlying to									
ertificate sh writing the worded to	0, 0		last.	(c)								
s certificate shoul e, writing the wor forworded to the	used os buriol, o	× 1	PART I OTHER SIGNIFICAN	CONDITIONS CONT	R BUT NG TO	DEATH BUT NOT REL	ATED TO THE	TERM-NAL DISEASE C	ONDITION GIVEN N P	ART I(a)	119 W/	AS AUTOPSY RFORMED?
		CERTIFICATION									YES	
			200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTION	ić ET	20b DES	CRIBE HOW INJURY O	CCURRED (Ente	er noture of injury i	Port I or Port II of	item 18)		
INER: le certif should	les. should l t, prior		CAUSE OF DEATH	*C 🗆								
EXAMINER: ute the cer	4- co 5	3	20c TIME OF ALLERY Mon	th, Doy, Year		JURY OCCURRED		F INJURY (Home, fo		or town)	(County)	(Stote)
A # 4	our	AH.	Hour o.m.	19	While at work	Not While at work	тостоту,	street, office bldg., et	()		40	
E to Co	r Y		21. I certify that	took charge o	f the rem	a ns, described ab	ove held	an Autapsy	, Inspection 🖁	1 Inquiry	and in	my apinian
exe	ained far y		death resulted from	· /		Accident [rmined mani	ner 🗍	
ose ecto	ine REC esiç		6.1	7 .		,,	,	CHIEF MEDICA			hadaal	
pleose director	L DI		ACTUAL SIGNATURE	fuel			N	D ASSISTANT M	EDICAL EXAMINER		22.	DATE SIGNED
TY.	be RAL		EXAMINER'S	-//	/	1			CAL EXAMINER			111
II IIIPIITY MITTO INCESSARY, pleose ethe funeral director	moy be retained for your FUNERAL DIRECTOR: Poge ealth or its designated age		NAME (Type)	. LINDS	or No	4 .		Address (Stre	et city, town, or coul	ity)	11.21	
he he	5 moy 70 FUNE Health	230	BURIAL, CREMATION,	236 DATE THERE		23c NAME OF CEME	FTERY OR CREA	MATORY	23d LOCATION	(City or Town)	(County)	(Stote)
	25-8	В	urial(Spec fy)	11-29-6	6	Loudon F	ark Ce	metery	Baltin	nore,	Maryla	ind
	te		FUNERAL DIRECTOR		_	ADDRESS			D BY REGISTRAR		TRAR'S SIGNATURE	0
VI	R A15ME (5) 6M 1/66	Но	ward H. Hubb	ard, 410	7 Wil	kens Avenu	ie, 212	229 DATE	NOV 29 1	1966 /	Charles	Juage



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit perature, page remave carbon papers. Pages 1 and 2-should be filed with the State Dept. at Health prior to burial, cremation, occamoval, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

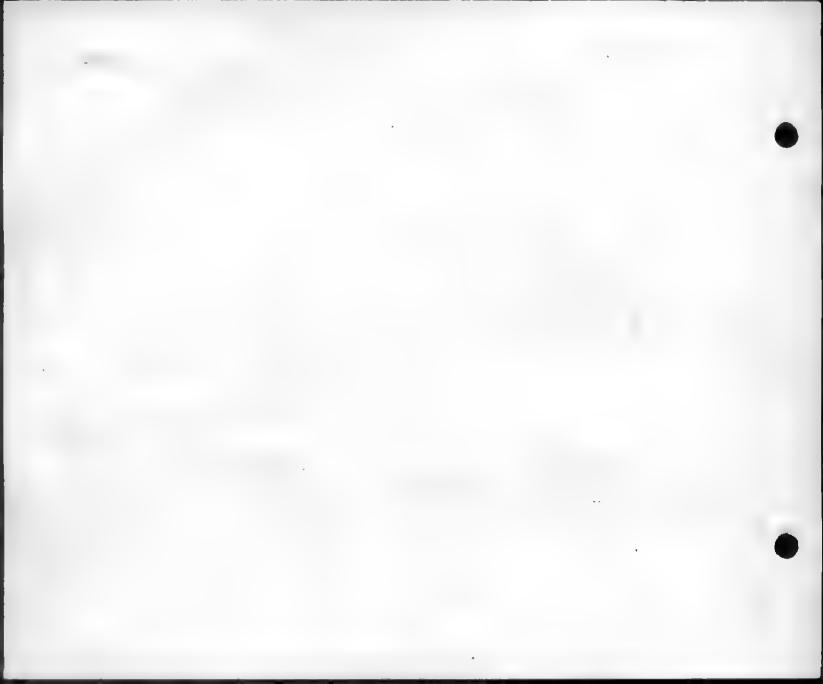
VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

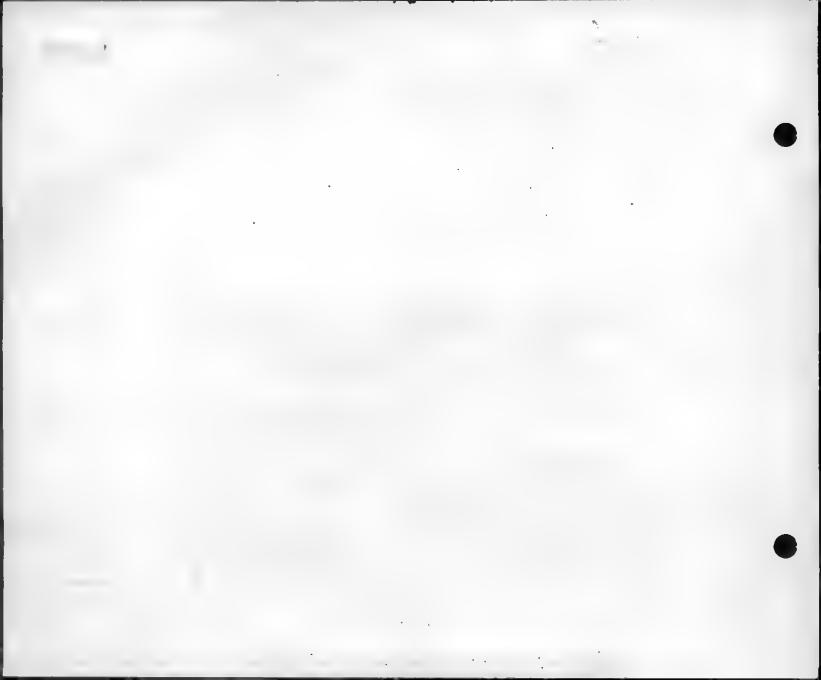
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-th-	40	~	\sim	

CERTIFICATE OF DEATH

- 1								1		
J	1 PLACE OF DEATH				2. USUAL RESIDENCE (\	Where decease	d lived, it institution	Residence	péfore odm	ission)
	a COUNTY Anne Arunde	1	MARYLA	ND	o. STATE Mary.	land	b COUNTY		_	
	5 CITY OR TOWN (If outside corporate I		c LENGTH OF STAY IN	lb	c CITY OR TOWN (If outside corporate firmits, write RURAL and give near					n) ·
	write RURAL and give nearest fawn) Crownsville		7 vears		Balt	imore			21 1	4
	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g			d STREET ADDRESS				e IS R	RÉSIDENCE A FARM?
	Crownsville St	ate Hos	pital		Unkr	าอพท			YES	NO NO
	3 NAME OF	First	Middle		Lost	4 DATE	Month		Day	Year
	(Type or print) #20327	Alice		Hui	dson	OF DEATH	11		26	19 66
	S SEX 6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B DATE OF BIRTH	9.		IF UNDER 1 YE	EAR IF UN	VDER 24 HRS.
i	Female Negro	WIDOWED	DIVORCED		6/30/97		69 Yrs	MOTITIES D	lovs Hos	21.2 Milki
	10a USUAL OCCUPATION (Give kind of work d		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& Stote, or for	eign country)	12. CITIZE COUN	EN OF WHA	ıT
	during most of working life, even if retired) Unemployed	IN			Maryla	nd		20011	'''' US	А
ĺ	13. FATHER'S NAME	_			14. MOTHER'S MAIDEN I	NAME				
	Unknown				Unkr	חשםה				
	IS WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war ar da	ES? 16, 5	SOCIAL SECURITY NO.	17. 1	NFORMANT		Address			
	(res, no, or unknown) (in yes give war ar ad	es of service)	Unknown		Hospital	Recor	ds			
	18 CAUSE OF DEATH (Enter only one	cause per line for	(a), (b), and (c).)							BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	USE (a)	Acute Coro	nar	y Insuffic:	iencv			ONSET AN	ND DEATH
	17 112 1	DUE TO .								
	Conditions, if any, which gave	(b) Arte	eriosciero	tic	Hypertens:	ive Ca	rdiovasc	ular	Dise	ase
	rise to immediate cause (a), (stating the underlying couse (DUE TO								
	last.	(c)								
	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. WAS	AUTOPSY ORMED?
)	Congesti 200 ACCIDENT WAS UNDERLYING D OR CONTRIBUTING DCAUSE OF DEATH OF CONTRIBUTING DCAUSE OF DEATH	ve Hear	t Failure						AE2	NO 🗀
	200 ACCIDENT WAS UNDERLYING			JRRED.	Enter nature of injury in	Part 1 or Part	II of item 18.)			
	20c. TIME OF INTURY Month, Day, Yes	, , , , , , , , , , , , , , , , , , , ,			CE OF INJURY (Home, form		(City or town)	(Count	у)	(State)
	Hour a.m.	While at work	Nat While at work	100	ory, street, office bldg., etc.	³				
	21. I certify that (I) (this	haspital) attend	ded the deceased fr	am	11/9/	19_59, to	11/26	L. 1966	, that (I) (we) las
	saw the deceased alive ar	11/2	6/19 <u>_66,</u> an	d tha	t death accurred at	9:4UM	, fram causes an			ated above
	220; SIGNATURE	21/1/1/	1:00		ATTENDING	MED A	STAFF	22b. DATE		
	apracopally the	era M	4111 ha	- 14	PHYS L	DIRECTOR	PHYS. R	11/2	8/66	
1	22c. PHYSICIAN'S/ NAME (Type) Hildans	ed Mese	d Defeases		22d. ADDRESS	11- CA	mba Dasa	24-3	8.6 -4	
	17220000		d Reissman		Crownsvi		 			154 / 1
	230 BURIAL, (REMATION, 23b. DATE // REMOVAL (Specify)	THEREOF	23 NAME OF CEMETE		. 11 4 . }	23d LO	CATION (City or Town	ال مرمد	ounty)	(State)
	N.E.M.C- A. 12/	20/66	UNIVER		19 Md	D DV DECKTO	AD LOS DECIS	STRAR'S SIGI	MATILDE	
	24 FUNERAL DIRECTOR		napolitiks, Ma			D BY REGISTR	AK 25b. KEGIS	IIKAK S SIGI	NATUKE	1.3
	William Reese II	THE Wall	Hagni Enthe	O T.	DATE	') ' N		5	10" 3	57700



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15089 CERTIFICATE OF death requires that the death certificate be executed within 24 hours after death tran and completely filled in by the funeral lease remove carbon papers. Pages I and and in any event, within 72 hours after deat PLACE OF DEATE 2 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) o. COUNTY o. STATE b. COUNTY E LENGTH OF STAY IN 16 c. CITY OR-JOWN (IF outside corparate limits, write RURAL and give nearest town) d. STREET ADDRESS e IS RESIDENCE ON A FARM? (If not in bospitor, give street oddress) YES NO X NAME OF First Lost DATE Month Doy Yeor OF DEATH DECEASED 1966 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years Months inthdoy) Dovs Hours DIVORCED WIDOWED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR (County & State, or foreign country) COUNTRY 2 during most of working , te, even if retired) Lea D or removo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no or inknown) (If yes give war or dates of service) burial, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** os the stating the underlying cause hos been PHYSICIAN: The low last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION be detached for use State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MED, CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. While Not While of work at work 19.66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 3 1966, and that death accurred at C. M, fram causes and an the date stated above. a. 10 saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING \geq 66 M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN S Poge 4 may NAME (Type) emar BURIAL CREMATION DATE THEREOF (County) 2So. REC'D BY REGISTRARYS SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





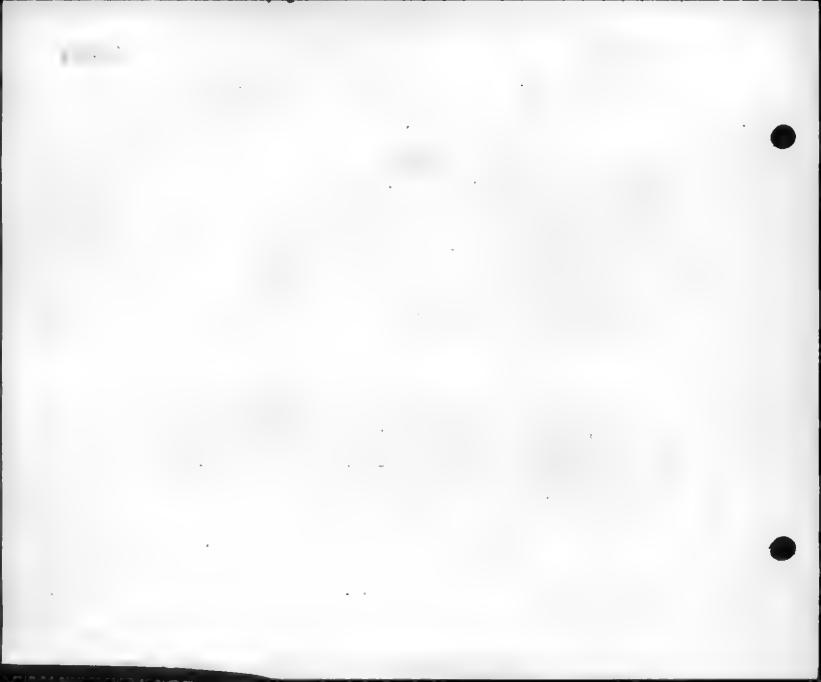
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13	5091			(ERTIFICAT	E OF D	EATH				1509		
I. PLACE (2 USUAL	RESIDENCE (Where deceo			Residence befo	re odmission)
a. COUN	Anne	Arundel			MARYLAND	o STATI	Maryl	and	b.	COUNTY.			1
	OR TOWN (I	outside corporate mi	its,	c LENGTH	OF STAY IN 1b	c. CITY OR	TOWN (If or	utside corpore	ote limits, wri	e RURAL	ond give neore	st town)	
Write	Cros	give nearest town)		3 mm	. 15 da	VIS	Balti	more			20.	4	
d NAME		L OR INSTITUTION (If I	ot in hospit			d. STREET	ADDRESS					e. IS RESIDE	
	Crou	nsville 9	State	Hospita	al	2	20 Be:	al Co	urt	,		YES N	
3. NAME			First	A	Aiddle	Los		4. DATE		Month	Do	y Year	
DECEAS (Type of	ED 33	459 E	dward	1	J	Jackso	П	OF DEATH		11	18	1966	
S. SEX		6. COLOR OR RACE	7. MARRI	ED NEVES	R MARRIED	B DATE OF E		5	AGE (In ye	ors IF	UNDER I YEAR onths Days	IF UNDER 2	4 HRS. Min.
Mal	e	Negro	WIDOW	ED 🔲	DIVORCED 🔼	10/16	/06		lost birthd	Yrs.			HIIII.
100. USJAL	OCCUPATION	(Give kind of work doning, even if retired)	e 101	KIND OF BUSIN	ESS OR	11. BJRTHI	PLACE (County	& State, or fo	reign country)		12 CIT ZEN O	F WHAT	
Truc	k Dri	VET	-	IMPOSIKI			yland				COUNTRY		
13. FATHE	R'S NAME					14. MOTHE	R'S MAIDEN	NAME					
	Will	Jackson					Tamie						
IS. WAS D	ECEASED EVE	IN U.S ARMED FORCES (If yes give wor or dates	of service)	16. SOCIAL SECUR	RITY NO. 17.	INFORMANT				Address			
No	and any	(it you give were or conce	1	220-07-	8079	Hospit	al Re	cords					
1B. C	AUSE OF DE	ATH (Enter only one co									01	TERVAL BETW NSET AND DEA	
		H WAS CAUSED BY IMMEDIATE CAUS			a of th	e Panc	reas	with	Genera	slize	ed "	HIST AND DEA	4111
	5 /X		exak 1	etasta	sis								
		which gove) couse (o), ((b)										
stoting	the under		E TD										
last.)	(c)								110	WAS AUTOP	CV
S PART	n other se emia.	secondar secondar	CONTRIBUTION	the abi	T NOT RELATED TO	THE TERMINA	a of	the P	en in Pari II Arotis	(0) 1 G1:	and Clef	DERFOR MED)?
											1110 (101	AESA N	0 [_]
200 A OR CO		UNDERLYING CAUSE OF DEATH	205	. DESCRIBE HOW	INJURY OCCURRE) (Enter noture	ot injury in	Port I or Po	n II of item I	В.)			
115 611	HER, NOTIFY	MEDICAL EXAMINER)								-\	16	10.	-1.7
20c 1	Hour a.D	RY Month, Doy, Yeor		d INJURY OCCUR hile — Not W		LACE OF INJURY actory, street, of			(City or tay	vn)	(County)	(2)	ote)
_	рп	19	of	work L ot wo	ark								
2	l. I certil	y that (1) (this ha	rspital) at	tended the de	eceased fram_	1 <u>1 1</u>	/3/	1966	ta	11/11	3,/1966, 1	hat (I) (w	e) las
	SIGNATURE	ceosed alive on	11211	1/ TO/ 14	A D , and it	ים תופפות מי	currea ai	-C: 41	vi, Tram ca	uses and	22b. DATE SIG		ODOVE
220.	SIGNATURE	worst	1/1/5	105-11	10/10	M.D. PHYS	NG 🖂	MED. DIRECTOR	STAFF	M	11/18		
22,	PHYSICIAN		XXX	NOTIT	17/1		DDRESS	DIKECTOR	PHYS.	J2%	11/10/	/ 00	
	NAME (Type)		McHe	enry Ma	pp, M.D			ille	State	Hosi	ital.	Md.	
23g BII91	AL, CREMATIO				E OF CEMETERY O				CATION (City				te)
130 P	VM (Specify)	1/1	22/	11 11	7	beer	m.1	7 1		. W.	1,000,00	ma	,
	RAL DIRECTO	R	de S/	ADI	DRESS	1	2So. REC	D BY REGIST	RAR 25	b. REGIS	TRAR'S SIGNATU		
	4	11/1/1		001	16. Av.	Per	KOT N	IDV 2	2 195F	3 80	Charle	Judg	J.P.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit, they please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after bethe. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

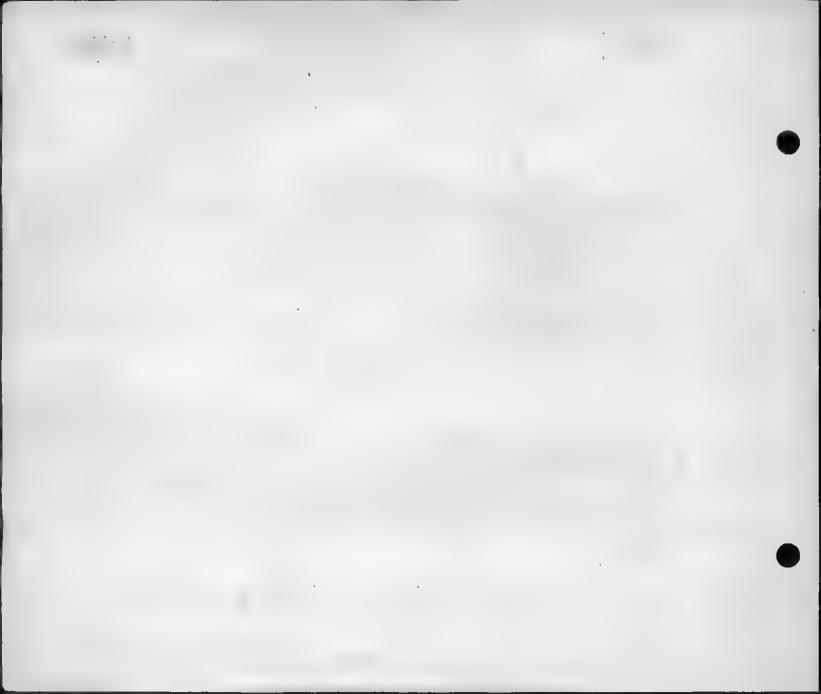
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 15092 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give poerast town) 19 .5" filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO completely rbon papers within 72 h 3. NAME OF Day 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED DATE OF BIRTH 5. SEX 9. AGE IIn yeers | IF UNDER 1 YEAR IF UNDER 24 HRS and last but inday) Months event, WIDOWED MEG. physician USUAL OCCUPATION (Give kind of work (County & Stere, or fore, or country) 12. CITIZEN OF WHAT COUNTRY? dana during most of working life, even if retired OKNOWN BRNEVAL ones WT121745 13. FATHER'S NAME ease d in a 14. MOTHER'S MAIDEN NAME Shendi Ler ple KNOWWX 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (Ifyes give wer or detas of service) OURTHA permit. 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).) INTERVAL BETWEEN è ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit **DUE TO** Conditions, if any, which geve rise to immediate cause b **DUE TO** certificate has by or use as the buri prior to burial, (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11011 19. WAS AUTOPSY CATION PERFORMED? YES T NO [200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 4 may be retained by the ho L DIRECTOR: After this cer 3 should be detached for u the State Dept. of Health pri CERTIF 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Pert II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et_work at work (r) (we) last 6.19......, and that death occurred at / AM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURI SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. death. Page 4 M.D. HOSPITAL with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 23e BURIAL, CREMATION, | 23b. DATE THEREOF 236, LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 800 AMEN 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS RED REC'P VR A15 (4) DATE 20M 5-63

OF HEALTH



Or Hupter, MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15093 CERTIFICATE OF DFATH The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral ove carbon popers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) o. COUNTY o STATE **b** COLINTY MARYLAND c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give negrest town? CITY OR TOWN (If outside corporate firmits, e_RURAL and give nearest town IS RESIDENCE ON A FARM? d STREET ADDRESS INSTITUTION (If not in hospital, give street address) YES NO X 3 NAME OF Middle 4. DATE First Month Dov DECEASED OF DEATH (Type or print) 9. AGE (In years IF JINDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Closh birthdoy) Dovs DIVORCED WIDOWED physician and KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCURATION (Give kind of work done 10b or foreign country) during most of working life, even if retired) COUNTRY 2 eose 13 ATHER'S or removal, INFORMAN' WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service IB. CAUSE OF DEATH (Enter only one couse per line for (o) db), and (c)) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse O IUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. of work ot work 21. I certify that (1) (this haspital) attended the deceased fram , page 3 should be filed with the M, fram couses and on the date stated above. and that deoth occurred at saw the deceased alive an 22b. DATE SIGNED 22o. SLONATURE **ATTENDING** 凶 M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S Poge 4 may director, should I OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) BURIAL CREMATION. DATE THEREOF REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15094

IM3. Pmge

Fire pages 1 and 2 with the State Dayartment of anyth Day event within 72 hours after death.

and

nucessory, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if

the funeral director. Page 4 stall be forwarded to the Chief Medical Examiner's Office along with form

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

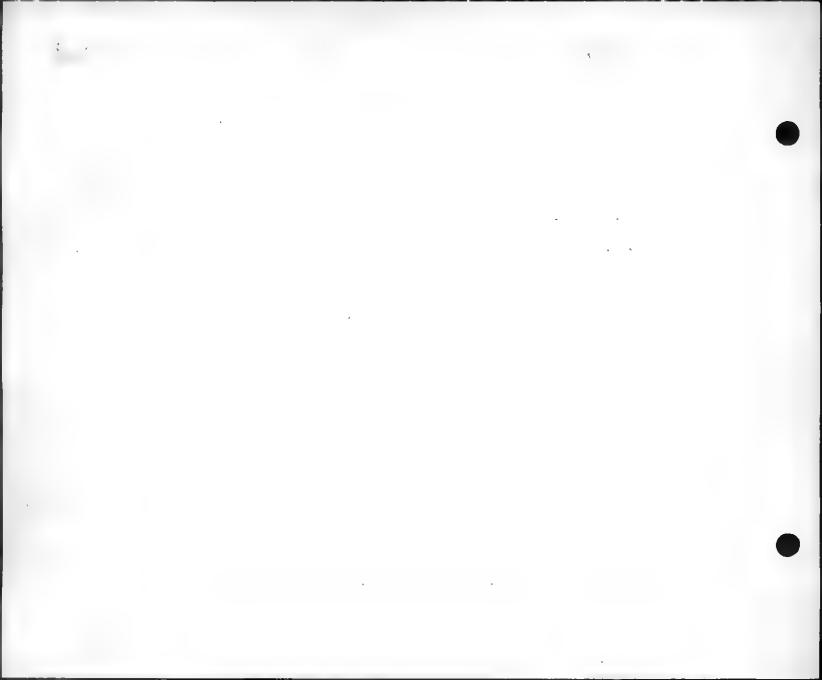
15004

	DLACE OF DEATH O. COUNTY	ANNE ARUNDEL	MARYLAND	n STATE	vhere deceased ved, if institution. Reside b COUNTY	nce before admiss only				
		If autside carparate mits d give nearest tawn)	C LENGTH OF STAY IN 16	,	tside carparate mits write RURAL and gr bster	ve nearest tawn)				
	d NAME OF HOSPI	North Arundel [AL OR INSTITUTION (If not in hosp to	g ve street riddress)	d STREET ADDRESS	Datei	e S RESIDENCE				
Į.		Arundel Hospital			8 Ridge Road	ON A FARM? YES NO S				
	3 NAME OF DECEASED (Type or print)	First AGNES	Middle S	Last KLAVER	OF November	Day Year 10 19 66				
	s SEX Female	6 COLOR OR RACE 7 MARRIE White widows		8 DATE OF BIRTH 4/11/94	9 AGE (In years of UNDER last pirthday) Manths	Days Hours Min				
			KIND OF BUSINESS OR INDUSTRY	NEW YORK	or fareign country) 12 (TIZEN OF WHAT OUNTRY?				
V	13. FATHER'S NAME			14. MOTHER'S MAIDEN H	IAME					
4		GEORGE SCHOE	MAKER	ELIZAI	BETH HERMAN					
	IS WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	6 SOC AL SECURITY NO 17	INFORMANT	Address					
	NO NO	(II kez dise wai ai aniez ai zeisire)	MR.	RICHARD KL	AVER, NEWBURN, NOR	TH CAROLINA				
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (o) Transection of lower medulla									
	Conditions, if ony rise to immedial stating the underlost.	te cause (a),								
	PART II OTHER S	GNIFICANT COND T ONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE COM	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES 3 NO				
	200 EXTERNAL CO PRIMARY 80 or CO CAUSE OF DEATH	INTRIBUTING [7]	DESCR BE HOW INJURY OCCURRED river in truck-a							
	20c T ME OF .NJ	URY Manth, Day, Year 20d	INJURY OCCURRED J 20e PLA	CE OF NJURY (Hame, form	i, 20f (City or town) (Co	aunty) (State)				
	3:54	m. 11/10 1966 Wh	ile Nat While X	tory, street, affice bldg., etc.) highway	N. A	rundel Md.				
	21. I certif death resul	y that I took charge of the r ted from Natural causes		cide , Homicide		and in my opinion				
	ACTUAL SIGNATURE	Charles J.	part		ICAL EXAMINER	22. DATE SIGNED				
	EXAMINER'S NAME (Type)	Charles S. Sp	oringate, M.D.		LEXAMINER (Novem , city, town, or county)	ber 11, 1966				
	23a BURIAL, CREMATI		23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)				
	REMOVAL (Specific BURIAL		WEBSTER RURA		WEBSTER, NEW					
	24 FUNERAL DIRECTO	R Hubbard, 4107 W	ilkens Avenue	L ATTIV	1 4 1966 GEGISTRARS	SIGNATURE				
	HUWalu II.	MADDELE, TIO/ W	a account and annually			M W				

VR A15ME (5) 6M 1/66

TO FUNERAL DIRECTOR: Page 3 should by used as a burial-tromsit permit Health or its designated agent, prior to burial, cremation, or removal.

5 may be retained far your files.



File guq

o burnol fronsit permit

S nsed

O FUNERAL DIRECTOR: Page 3 should be

for your files.

5 moy be retained

Health or its designoted agent, prior to burial, cremotion, or removal,

delay 15

This certificate should be executed within 24 haurs ofter deoth

MEDICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1509		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEAT	Н	15	095	•
	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where decea			pelare admi	ssion)
	a. COUNTY	ANNE ARU	NDEL	MARY	LAND	a STATE NEW	YORK	b. COU	NIY		J
		f autside corporate limits	,	c LENGTH OF STAY IN	d 1 y	C CTY OR TOWN (F ou		rte limits, write RJ	RAL and give n	arest tawn)
	Write KUKAL and	l give nearest tawn) North Arui	ndo1			Webs	ter		5	, .	
	d NAME OF HOSPITA	AL OR INSTITUTION (If no		ve street address)		d STREET ADDRESS					ESIDENCE A FARM?
	Nort	h Arundel	Hospita	1		818	Ridge	Road		YES [NO.
	NAME OF	Fir	st	Middle		. ast	4 DATE	Man		Doy	Year
	DECEASED (Type or print)	KERMO	HERMA	N L.		KLAVER	OF DEATH	Nove			9 66
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9	AGE (In years ast bythday)	F UNDER 1 YE Months Di	AR FUN	DER 24 HRS
	Male	White	WIDOWED	DIVORCED		3/12/94		72 yrs	mulling D	lys nosi	is in it
		(Give kind of work dane	10b K	ND OF BUSINESS OR		11 BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZE COUN	N OF WHAT	
K.	ETTRED -	TIRE CO.	IVI			NEW YOR	K		U.S		
13	FATHER S NAME					14 MOTHER'S MAIDEN I	VAME				
		JOI	IN F. K	LAVER		ROSA	LIA SI	JLASKY			
		R IN U.S. ARMED FORCES? (If yes give war ar dates a		SOCIAL SECURITY NO	17. 11	VFORMANT		Addr	229		
	ES	WWI		3-03-4999	MR.	RICHARD KL	AVER_	NEWBURN	NORTH	CARO	LINA
		ATH (Enter anly one cau	se per line far	(a), (b), and (c).)						INTERVAL	BETWEEN
	PAKI 1 DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a)N	iultiple se	vere	injuries				ONSET ANI	U DEATH
	1161	DUE	TO								
	Conditions, if any, ase to immediate		(b)								
	stating the under		TO								
	last)	(c)	<u></u>							
MED CAL CERTIFICATION	PART II OTHER S	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	he terminal disease com	ND T ON GIVE	N IN PART 1(0)		19 WAS A PERFO YES	NO X
IFIC	20a EXTERNAL CA		20b DE	SCRIBE HOW INJURY OF	CURRED (Enter nature of injury in	Port I ar Par	t II of #em 18)			45-
L CER	PRIMARY AN OF COM CAUSE OF DEATH	ALKIRO LING LT	Pas	senger in	truc	k-auto coll	ision				
DCA	20c TIME OF INJU	IRY Manth, Doy, Year			20e PLAC	E OF INJURY (Hame, farm	20f	(City or town)	(Caunty)	(State)
W	3:54 pm	11/10 19 (66 at wark	Nat While K	IGUIO	ry, street, office bldg., etc.) highway		North	Arunde	1,	Md.
	21. 1 certify	y that I took charge	of the rem	noins described ab	ove, hel	d an Autopsy 🔲,	Inspecti	on X, Inqu	Jiry 🔲,	ond in m	ny opinion
	death result	ed from Noture	l causes 🗌	, Accident X.	Scio	de 🔲, Homicide	, U	ndetermined m	anner 🔲		
	ACTUAL A	(80 On)	7)		CHIEF MEDICAL	EXAMINER			00 01	TO CLOSUED

SIGNATURE

Charles S. Springate, M.D.

ASSISTANT MED CAL EXAMINER X DEPUTY MEDICAL EXAMINER

22. DATE SIGNED November 11, 1966

EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town)

REMOVAL (Specify)
BURIAL 11-14-66 24 FUNERAL DIRECTOR

WEBSTER RURAT, CEMETERY
ADDRESS APPROVE

(County)

VR A15ME (5) 6M 1/66

Noward H. Hubbard, 4107 Wilkens Avenue, 21229

1966



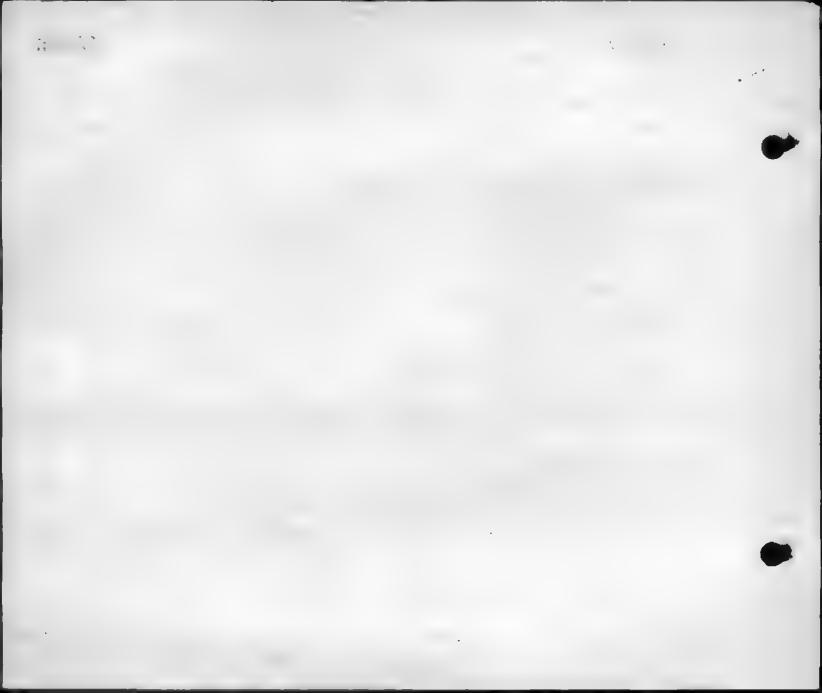
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15096 CERTIFICATE OF DEATH TO HOSPITAL AS LITENDING PHYSICIAN: The law requires that the death certificate be executed with 724 hours after death. Page 1 y be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

	10000	10001	·
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Res.dence before admiss	sion)
	a. COUNTY A M	a, STATE b. COUNTY	
	T/. YT. MARYLAND		
,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neapes/lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
_	Terretale- State ence 177-	1700	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS a. IS RESIDEN	NCE
		ON A FAR	
	0 - Blusonone CILY	YES NO	M
3.	NAME OF First Middle	Last 4. DATE Month Pey Year	
	(Type or pr nt)	prig DEATH MOV - 8 1966	
-		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	RS
Э.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	last birthdey) Months Days Hours Mil	
	MIDOWED DIVORCED 7	Nav-20-1902 64 45.	
	Da. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
<	one during most of working life, even if retired)	R. CY OLL MAR	
	Thop tropport cure.	gal timede M.	_
1.5	B. EATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
12	Ridde Henry Copyris.	Lough Hot finan	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 -11	INFORMANT LL Address R3-15/09-	
(Y	(es, no, or unkown) ((fyesgivaweror detesof sarvice))	1 7 CF	1
	2-13. 5- 8209 A	Raph & Kommey - Elver M.	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)]	ONSET AND DEATH	H
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caracia - /as Ca	ula Middle 1460-	
	V		
	DUE TO	18 1 9 3 4	7
	Conditions, if any, which (b)	hit ling - Coperals D. J. Jy	2-
	(e), stating the underlying DUE TO	a la Calada de la	
	cause last	8, leaves act 6-1966	
၂ _	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	A RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLL 19. WAS AUTO	PSY =
@		PERFORMED	D?
₹		YES NO	M
E		(Enler nature of injury in Part I or Part II of Itam 18.)	
H	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]		
[₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
볹	Total Section Section 1	ory, street, office bldg., etc.)	
WEDI	p.m. 19 at work at work	7	
	21. I certify that (I) (this hospital) attended the deceased from.	1964, to 1/12	las
	12/2//	death occured at P.M. from the causes and on the date stated ab	ove
		22b. DA	
	22a/SIGNATURE	ATTENDING MED STAFF /, / p// SIC	GNED
	Char. d. Dall A - M.	.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S	22d. APDRESS	
	NAME (Type) Chat/65 L. Ball, JF, - M.D	Lautheren ma.	
-	BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)	
23	REMOVAL (Specify)	16 11 11 12 = cd~	
	Burial Nov-12,1966 Glen Have	~ [Hem. tark Glen Burnio) 190	
24	FUNERA DIRECTOR'S SIGNATURE SING OF ADDRESS GARE FOR	Home 250 REC'D BY REGISTRAR 256. REGISTRAD'S SIGNATURE	
1	W. Dinatilio	Md DATE NOV 10 1966 Juliantes may	
1/	(len lown !		

15096



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

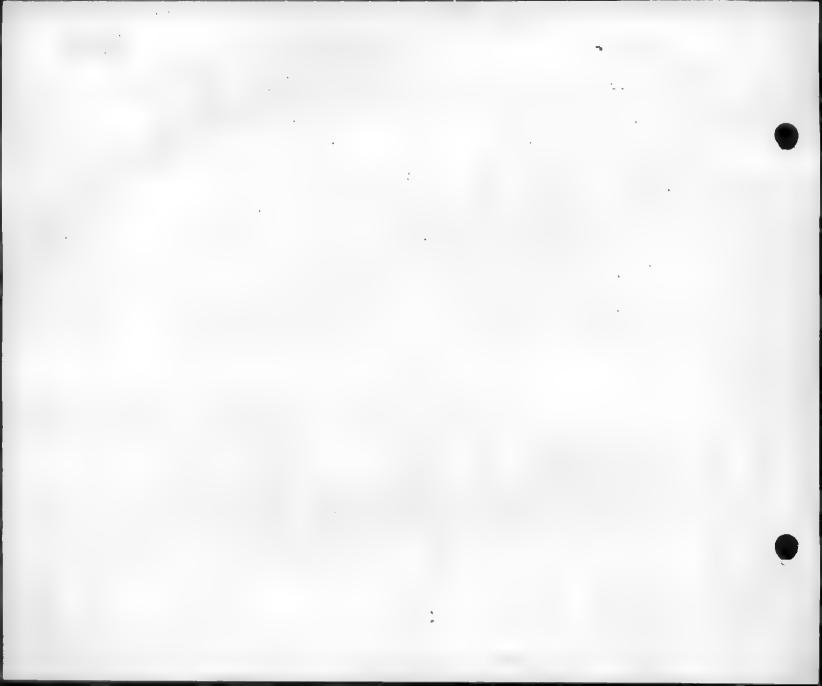
CERTIFICATE OF DEATH

15(197) 15097

1	o. COUNTY		USUAL RESIDENCE (Where dec	b. COUNTY	nce before odmission)
	H.H	MARYLAND	M.D.	b. Counti	H.
		ENGTH OF STAY IN 16	CITY OR TOWN (If autside carp	orate limits, write RURAL and giv	e neorest town)
	AWA POLIS		HNNADO	his	* 1
	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give st	reet address) d	STREET ADDRESS		8 IS RESIDENCE
	28 BeistoL DR.	2	28 Bristo	L DR.	ON A FARM?
3	NAME OF First	Middle	Lost, 4 DAT	E Month	Day Year
	(Type or print) EDWARD	C. Ki	UHL OF DEA	TH (27 19 66.
5	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED B. DA	VTE OF BIRTH	9 AGE (In years IF UNDER Jest-birthdoy) Months	
	MIDOWED [DIVORCED 🔲 🙎	-24-1908	38 Yrs	Doys Hours Min.
	Do JSUAL OCCUPAT ON (Give kind of work done 10b KIND OI ur no most of working Lie, even firetised INDUSTR		BIRTHPLACE (County & State, o		TIZEN OF WHAT
	TRESTAURAUI	100D	BALTO. 17	D. "	4.5
- 1	3. FATHER'S NAME	14	MOTHER'S MAIDEN NAME	STAND	
	EDWARD H. MUHI		SIUAC	SIMMS	
	S. WAS DECEASED EVER NO. S. ARMED FORCES? Yes, no, ogunknown) (f yes give wor or dates of service)	L SECURITY NO. 17 INFOR	RMANT	1) Address	2
Ľ	P6	GER	TRUDE C.	KUHL, "	
	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (PART I, DEATH WAS CAUSED BY:		. 1.41	Ω	ONSET AND DRACH
	IMMEDIATE CAUSE (a)	testata Caren	encer of the	anereus	Gmills.
	157X DUE TO		Ų.		
	Canditians, if ony, which gove) (b)				
	stoting the underlying couse				
	last, (c)				Lan Mac Micropoli
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE CONDITION G	IVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
SCAT	DO ACCIDENTALISMENTALISMENT OF THE DESCRIPTION OF	F HOW INTERPLOACEURDED (F-1-		B H - C 2 1D 3	YES NO A
CEDTICICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter	r noture of injury in Part 1 of	ron II of Items 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY Hour o.m.		INJURY (Hame, form. 201 treet, office bldg., etc.)	(City or town) (Co	unity) (State)
ä	Haur o.m. 19 While at work	Not While ot work foctory, st	1		
	21 I certify that (1) (this haspita) attended	the deceased fram_10			66, that (I) (we) last
	saw the deceased alive an 11 2 6/60		ath accurred at 3.4	_M, fram causes and on t	
	220. SIGNATURE General Church		ATTENDING MED.	STAFF -	ATE SIGNED
	22c. PHYSICIAN S		22d. ADDRESS	(CO FIIS). CO 1	
	NAME (Type) Gura Ma P RIGHT	elt	171 CHJ	tenning (T. M	INAPORIS HO
2		C. NAME OF CEMETERY OR CREM	ATORY 23d.	LOCATION (City or Town)	(Coupty) (State)
1:	134214 1/-30-66 /	FILL CREST	- IHA	WADOLIS F	H-MD.
M	24 FUNERAL DIRECTOR	ADDRESS /	2So REC'D BY REGI		IGNATURE
21	shu M. costor & Das (Live	months. Ma	DATE NOV 2	9 1966 Julia	res Judge

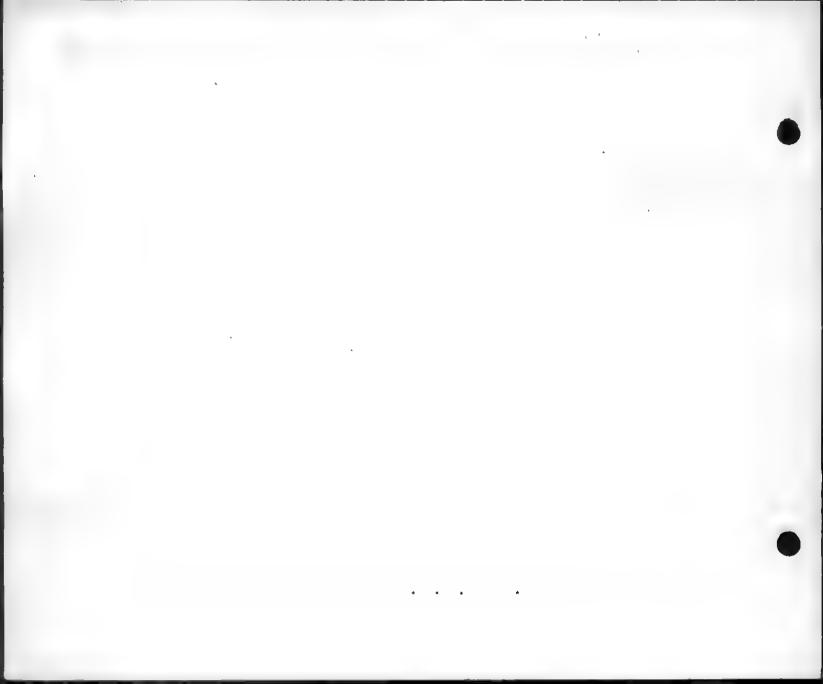
TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages hand should be filed with the State Dept. at Health priar to burial, cremation, diremaval, and in any event, within 72 hours after deat Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY Urundel b county anne Page ō delay 15 death. MARYLAND partment b CITY OR TOWN (if autside corporgle simits, c LENGTH OF STAY IN 16 c CIY OR TOWN m ts write RURAL and give nearest fown and write RURAL and give necrest town (Severn ofter (Queenstown Severn d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Office along with farm Tones Road Road, YES NO I ate This certificate shauld be executed within 24 haurs after death 3 NAME OF Middle 4 DATE the Sto in 72 I Lost Month Day DECEASED OF ames LAMONS NOU within (Type or print) DEATH with S. SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED Months Hours Doys DIVORCED W DOWED event pencil in Item 1 IDa USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life leven if retired) **INDUSTRY** COUNTRY? any writing the ward "pending" in pencil in ewarded to the Chief Medical Examiner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service remay per INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per the for (o), (b) and (c)) onchopneumonia, Bilateral ONSET AND DEATH PART I DEATH WAS CAUSED BY ď MMEDIATE CAUSE (o) crematign, DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). shauld be farwarded ta DUE TO 0 stoting the underlying couse lost burial, PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? the certificate, NO þ 200 EXTERNAL CAUSE WAS prior 2Db DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Port I or Port II of term 18.) 3 shauld PRIMARY Or CONTRIBUTING **EXAMINER**; CAUSE OF DEATH its designated agent, 2De PLACE OF INJURY (Home form 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om While Not While foctory, street, office bidglietc) FUNERAL DIRECTOR: Page at work 19 Page of work PARTIAL 21. 1 certify that I taak charge of the remains described above, held of Autapsy XI. Inspection hourry and in my apinian the funeral director. Natural causes 🔀 death resulted fram Accident Suicide l Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY b DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spivz. M. Health (NAME (Type) Address (Street, city, town, or county) 230 BURIAL-CREMATION NAME OF CEMETERY OR CREMATORS LOCATION (City or Town) (Stote) (County) 500 REMOVAL (Specify) 24 FUNERAL DIRECTOR 25o. RECD BY REGISTRAR REGISTRAR'S SIGNATUR VR A15ME 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15099 CERTIFICATE OF DEATH orte ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before gamissian) funeral PLACE OF DEATH o. COUNTY **b.** COUNTY ANNE ARUNDET MARYLAND ANNE ARUNDEL cian and completely filled in by the fur ease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate I mits C CENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 DAYS HANOVER CLEN BURNTE d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO D BOX NORTH ARUNDEL HOSPITAL DATE 3. NAME OF Middle Last Month DECEASED OF LONG DEATH NOVEMBER Type or print AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthdov) Manths Hours DIVORCED WIDOWED 84 YES MALE NEGRO FEBRUARY 4.1882 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY **COUNTRY?** during most of working life even if retired) ician ARUNDEL CO. MARYLAND LABORER RAILROAD IISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 70 (Yes, no, or unknown) (If yes give wor or dotes of service burial, cremation, INTERVAL BETWEEN 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician, DUE TO Candit ans, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse the priar ta lost OS 19. WAS AUTOPS has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use be detached far use State Dept. af Health NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour om While Not While factory, street, office blda, etc.) at wark 21 I certify that (I) (this hospital) attended the deceased from 7.19.66 1966, that (1) (we) last should director, page 3 should shauld be filed with the saw the deceased alive on. 11/30 1806 and that death occurred at 4477 AM. from causes and on the date stated above. 22o. SIGNATURE 22b. DATE, SIGNED, **ATTENDING** M.D DIRECTOR PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREO LOCATION (City or Town) BURIAL CREMATION (County) (State) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 2Sb 24



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15100

CERTIFICATE OF DEATH

15100

					40	- (/ (/	
	PLACE OF DEATH COUNTY Anne Arundel		- CTATE	Where deceased lived, if institut b. COUI		before admission	an)
		MARYLAND		ryland ""	Promise I		
	b CITY OR TOWN (If autside corporate limits, write RUR; and give neares town)	c LENGTH OF STAY IN 16		itside corporate amits, write RU: timore	KAL and give n	learest tawn)	
_				CIMOLS	-	e IS RESID	SENZE
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g		d STREET ADDRESS	M. Theresay		ON A F	ARM2
	Crownsville State Hosp) 318 M°	Mulberry			NO X
	NAME OF First	Middle	Lost	4 DATE Mont		Day Ye	
	DECEASED #33732 William		Lovett	DEATH 11	I IF UNDER 1 Y		66 R 24 HRS
_	SEX 6 COLOR OR RACE 7 MARRIED Male Widowed Widowed	R. al. (1PaPie solidicacies)	8 DATE OF BIRTH 3/15/1894	9 AGE (In years 1952 birthday) yrs		Days Hours	Min
10a		ND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12. CITIZ	EN OF WHAT	
dur	ring most of working life, even if retired) Painter (ret.)	DUSTRY	Virginia.	-TONN	LOUN	UŠA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAMÉ			
	John Lovett		Mod	ore			
15.	WAS DECEASED EVER IN L.S. ARMED FORCES? 16	23分 5年份近94237 17 1	NFORMANT	Addre	ess		
	S. TO, O' DRIKHOWIT IN YES GIVE WELL OF DELES OF SELVICE II.	\$ 8 \\$\\$\\$\\$\\$\\$	Hospital !	Records As	7/ /		
	18 CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (c).)				INTERVAL BET	
	PART 1, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Myocardial	Infarction	n		ONSET AND O	JEATH
	DUE TO						
	Canditions, if any, which gave) (b)	Generalized	Arteriosc.	lerosis			
	rise to immediate cause (a). stating the underlying cause DUE TO						
	last. (c)						
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T		THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19 WAS AUTO PERFORM	
SE SE	Chronic Brain	Syndrome					NO 🔨
CERTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18)			
) -	(IF EITHER, NOTIFY MEDICAL EXAMINER)						10:
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. 20d IN While p.m. 19	Not While fact	CE OF INJURY (Hame, farm ary, street, affice bidg , etc.)		(Count	14)	(State)
	21. I certify that (I) (this haspital) attend		11/2/	1966 , to 11/6/	, 1956	⊇, that (I) (we) las
	saw the deceased alive ag	6/1966_, and tha	t death accurred of	7:45 M, from causes	and on the	e date state	d obove
	22a SIGNATURE		ATTENDING	MED STAFF	22b DAT		
	Mulli	M.I	D. PHYS. L	DIRECTOR X PHYS.	7 11/	/7/66	
	22c. PHYSICIAN'S NAME (Type) L. Benedict.		22d. ADDRESS	lle P.O., Mar	hand		
	L, belleates,						
230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR	***************************************	23d LOCATION (City or To	,	County) (S	State)
	REMOVAL (Specify) Burial 11/10/66	Balto. Nation		y Baltimore,	Md . Egistrar s sig	MATHE	
24	FUNERAL DIRECTOR Balto., Md. 21.		1 8		4		
	Wm. Cook-Brooks F.H. 121	/ St. Paul St.	DATE	NOV 9 1966	Lucy	relen Jen	see.

Sed Sed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and earliety filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2, should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in Lay event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	•										
	15101			CERTIFIC	ATI	OF DEATH			Reg. Dist	No.	1511
1,	PLACE OF DEATH				2.	USUAL RESIDENCE (Where	re decease	d lived. If institution	oni Residence	before o	idmission)
	o. COUNTY Ann			MARYLAND		o STATE Maryla		b. COUNTY	Anne		
	 CITY OR TOWN (II RURAL and give no 	f outside corporate limi	its, write	c. LENGTH OF STAY IN 15		c CITY OR TOWN (If out	side corpo	prate limits, write Ri	URAL and gi	ve negresi	(tawn)
	Pasadena			15 yrs.		Pasadena				- 4 /	
	& NAME OF HOSPIT	AL (If not in hospital, g	jive street	address)		d. STREET ADDRESS				e. 1	S RESIDENCE
	N. Arun	del Gen. H	osp.	*****		Fairview	Beacl	h Road			ON A FARM?
3.	NAME OF DECEASED	Fir	rşl	Middle		Lost 4	4. DATE	Man	th	Doy	Year
	(Type or print)	039	car E	dward		LOWRYST	DEATH	11		5	19/16
5.	SEX	6. COLOR OR RACE	7 MARR	IED A NEVER MARRIED	8 D/	ATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF	UNDER 24 HRS
	Male	White	WIDOWE	D DIVORCED		ug. 27, 1881		last birthdoy) 05 yrs	Manths	Days H	aurs Min
10c	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	kind of Business or Ind rd Balto. Pre	USTRY	11 BIRTHPLACE (State or	r fareign c	ountry)	12. CITIZ	EN OF V	VHAT COUNTR
		et.	Lo	rd Balto. Pre	95	Baltimore,	Md.		1	Ul S.	
13.	FATHER'S NAME	_			14	MOTHER'S MAIDEN NA	ME				
	Jame	s D. Lowr	7			Ida Bell D	ulin				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT		Addi	ess	~	
fre	No or unknown)	If yes, give wor or dates of s	2	15-01-3342	Mrs.	. Katherine	Lowry	y Same			
	18 CAUSE OF DEA	TH [Enter anly one co	use per lin	ie for (o), (b), and (c)]						INTERV	AL BETWEEN
		TH WAS CAUSED BY:	1		4.	Cardio VA	2	1. 11.	*	ONSET	AND DEATH
		IMMEDIATE CAUSE (d		LINE POLCE	4	curace Va	<u>nacu</u>	un den	carl		10 yes.
	7 / 1	DUE TO	,								
	Canditians, if ar)								
	couse (a), stoting (•								
_	lying cause lost.) {c								1	
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	IT NOT	RELATED TO THE TERMINA	AL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. \	WAS AUTOPSY PERFORMED 2
3											S NO
RTE	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	ED. (Er	iter noture of injury in Par	rt 1 or Par	1 (1 of item 18.)			
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER									
S	20c. TIME OF INJURY	Y Month, Day, Ye	or 20d. IN			OF INJURY IHome, form,	20f. (City	or lawn)	(Co	ounty)	(Stote)
MEDI	Hour a.m	19	While at wark	Not while	octory,	street, affice bldg., etc.)					
				13.7	20	10/16	No	E :://	/		
		at 1 attended the				, 19 Ele, to 1	7000	5 , 1960	¢,that I ic	ist sow	the decease
	alive on	- 100 V- 7	, 12.4	\mathcal{L}_{-} and that deal	h occ	orred at 7:40 A-				e date :	
	ACTUAL	10	1	1 11		AU	DORESS (SI	treet, city or town,	siale)		DATE SIGN
	SIGNATURE	11. 12 rais	W/	mur	_M.D.	9471 F	T. 2	MALLIN	20017	D	11/7/6
	PHYSICIAN'S	Band	10			0			_		
	NAME (Type)	CDRAPY	Zin	117/4			APE 1	γA , N	<u> </u>		
	BURIAL, CREMATIO			22c NAME OF CEMETERY		MATORY 2	34 TOCY	TION (City, tawn, o	r county)		(State)
1	BONDAT (Specify)	Nov. 8,	1966	Glen Haven M	em.	PK.	Glen	Burnie,	Maryla	and	
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		24a. REC'D 6	BY REGIST	IRAR 24b. REGIS	TRAR'S SIGI	NATURE	
1	Terrer Li	Gonce	10	Ol Ritchie Hw	y .	(21225) ATENDY	/10	1966 0	Charl	en Ju	dal
(icorde J.	Gonce				1101	- V	1000		0	9

may be retains. By the haspital ar attending physician.

TO FUNERAL DI

OR: After this certifical ham Imm signed by the attending physician and completely filled page 3 should betoched for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

hours after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

0

George J. Gonce

y the funeral director, 2 should be filed with

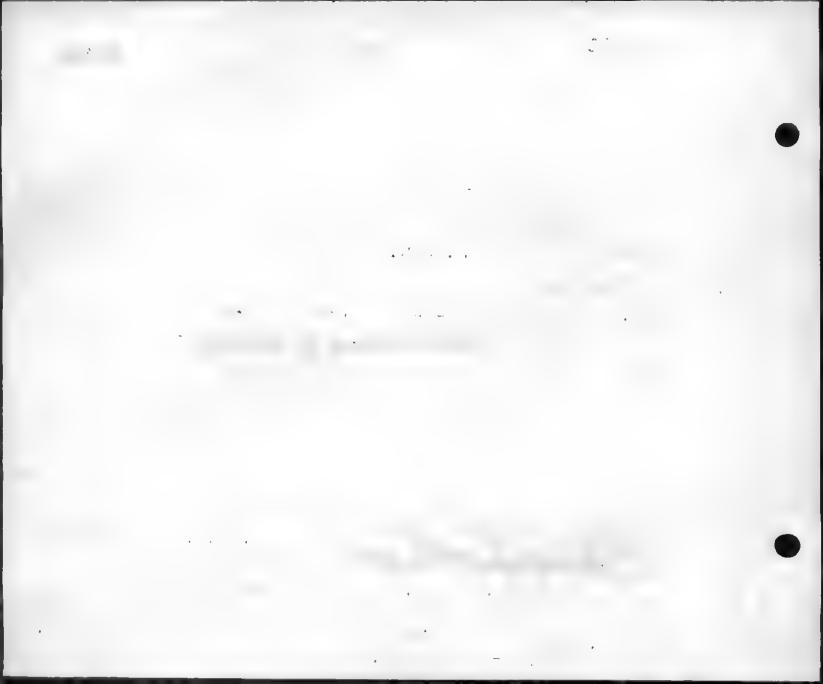


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1910	6		CERTIFICATI	UF DEATH		15102
1	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institu	tion: Residence befare admission)
	a. COUNIT Ann	ne Arundel		MARYLAND	d. SIAIE May	y land	Anne Arundel
	b CITY OR TOWN	(if outside corporate I mit id give nearest tawn)	۲,	c LENGTH OF STAY IN 15	c CITY OR TOWN (If o	utside corporate limits, write RL	JRAL and give nearest tawn)
	Anna	apolis				polis	V=1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital,	give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Anne	Arundel Ger	neral 1	Hospital	13 Mc	nroe Ct.	YES NO
3	NAME OF	F	irst	Middle	Last	4. DATE Mar	ith Day Year
	(Type or print)	Ni-	cholas		LUONGO	OF DEATHNOVE mber	13 19 66
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Doys Haurs Man
	Male	White	WIDOWED	DIVORCED [ecember 13.	1902 63 Yrs	Indians Days Indias Mill
	o USUAL OCCUPATIO	N (Give kind of work done		KIND OF BUSINESS OR NDUSTRY	1). BIRTHPLACE (County	y & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
				S. Boarlt		Italy	USA
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Joseph	Luongo			Theresa	(maiden name u	inknown)
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO 17.	INFORMANT	Add	ress
Į,	no .	file yes give wor or ource	2	76-44-9286 Ars	.Jesephine .	Luonge- Same	as #2 above
Г	18. CAUSE OF D	EATH (Enter only one co					INTERVAL BETWEEN
	PART DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE	(0) ls	nounal	a 81 A	unn	ONSET AND DEATH
		DUE	TO				
	Conditions, if any		(b)				
	stating the unde		ТО				
	last.)	(c)				
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING [] G [] CAUSE OF DEATH (MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Port II of item 18.)	•
MEDICAL	20c. TIME OF INJ Hour a	URY Month, Day, Year m. m. 19			ACE OF INJURY (Home, far tory, street, affice bldg., etc.		(County) (Stote)
	21. I cert	ify that (I) (this ha	spital) atter	aded the decoased from .	96007	1966, to 13 NO	U, 19 66 that (I) (we) las
	saw Hie	expased alive an	2 mil	1 1960, and the	of death occurred a	M from causes	and an the date stated above
	220 SIGNAZURE	Mulak	1	Beck	D. PHYS.	DIRECTOR PHYS.	22b. DATE SIGNED
	DE PHYSICAN	structure of the state of the s			22d ADDRESS		
	NAME (Type	Edwar	S. Be	ck, Md.	Frank	lin St., Annar	olis, Md.
23	BURIAL CREMATI	v) (v		23c. NAME OF CEMETERY OR		23d LOCATION (City or To	, , , , , ,
	Burial	11/16	6/66	St. Mary's C	eme tery	D BY REGISTRAR 256. R	ECISTRADIC VICINATURE
B	ever ley	R Hopping	12	July & Horse			Cliarles Judge
	Hopping F	uneral Home	- Anr	apolis Md	DATNO	V 1 6 1968 2	- Land Yunder

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending biversion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They pease remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remarkly and in any event, within 72 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) S 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7 Film G MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b COUNTY Co Page to MARYLAND delay Department b CITY OR TOWN (If auts de corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) gug te RURAL and give negrest town BURTH. - SURVICE |

d NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street oddress) d STREET ADDRESS State De Ē ARUNDEL 24 haurs after death. afamil with 3 NAME OF Middle 4 DATE Lost DECEASED 0F 8. Give NOV LONZIE (Type or print) DEATH AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) 5-15-20 WIDOWED DIVORCED event C 10p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even gettred) gny executed within penci .⊆ and FILE 17 INFORMA rd 'pending'' in Chief Medical | SECURITY NO (If yes give war or dates of service permit removal. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (o) This certificate should cremation, **DUE TO** Conditions, if only, which gave nse to immediate couse (o), DUE TO stoting the underlying cause a last burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION shauld be 20o EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Port I or Port II of tem 18) 3 should PR MARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20c TME OF INJURY Month, Doy Year Hour o.m. factory, street, office bldg, etc.) While FUNERAL DIRECTOR: Page at work L of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from fumeral director. Natural causes 🖊 Accident [] Su.cide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION NAME OF CEMETERY OR CREMATOR 500 REMOVAL (Specify)

19 WAS AUTOPSY PERFORMED? (City or fown) (County) (Stote) and in my apinian Undetermined manner 22. DATE SIGNED AUV9-66 23d LOCATION (City or Town) (County) (Stote) FUNERAL DIRECTOR

e IS RESIDENCE ON A FARM?

Year

19 6

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

1F UNDER 1 YEAR

12 CIT ZEN OF WHAT

COUNTRY?

Months

NO P

VR A15ME (5) 6M 1/66



FOR STATE HEALTH DEPT scessary, please director. Page director. Page r your files. and of Health,

to DEPUTY MEDITA execute the cer 4 should be for TO FUNERAL DIR

V\$. A15ME 5M 2/57

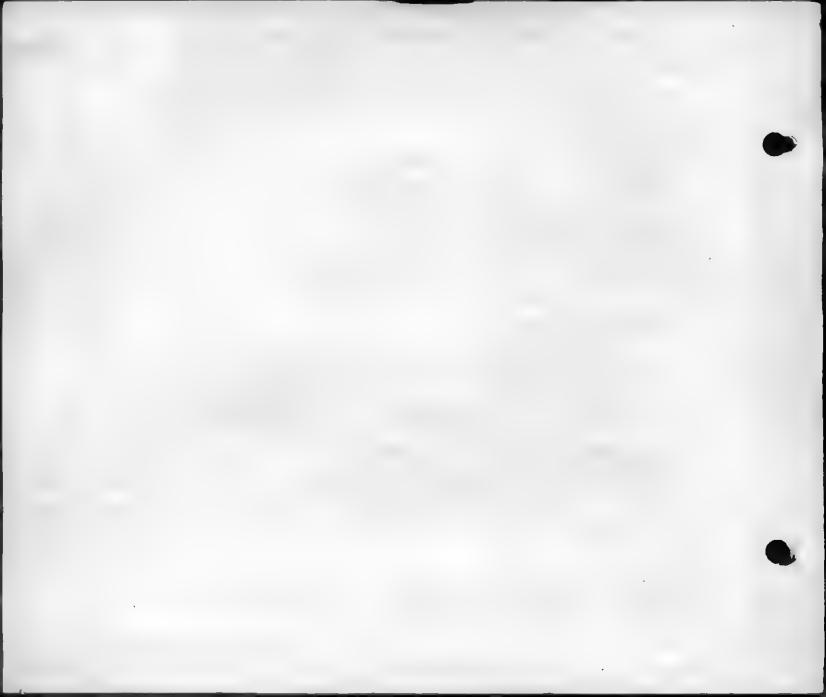
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15105

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Re	ıg.	Dist.	No.	. 1	5	1	n	5
=- 3n	Res	dence		odm'ssi		-	v	V

						Reg. Dist. No.
)	1, [COUNTY A A CO		2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	Residence before admission)
	Ь		LENGTH OF STAY IN 16	c. CIPPOR TOWN (IF	outside corposite limits, write RU	IRAL and give nearest town)
	1	NAME OPHOSPITAL OR INSTITUTION (if not in hospital	1 DAy	Geerlie	gh Hgis.	0 1
7		D.O.A - ANNE ARENO	EL. 900	d. STREET ADDRESS	304 396	* IS RE! DENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) Con le	Middle K	Lost	4. DATE Month OF DEATH	Day Year
	5. 5	11/70//01	NEVER MARRIED & B	DATE OF BIRTH	9. AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS
		V WIDOWED □		7-7-191	5 51 yrs. "	tonths Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 106 KIND uring most at working life, even if retired)	OF BUSINESS OR INDUSTI	WIDN.	or foreign country) S.C.,	12. CITIZEN OF WHAT COUNTRY?
	13,	FATHER'S NAME	•)	14. MOTHER'S MAIDEN N		
N. Sec.	1.5	HNAY MAN	9AN	WINNIE	MANIG	AN
and the		no, at ynknown) [If yet give war er dates af service)	14 /1	PISTINE MILL	ler Early He	ahts Md.
		18. CAUSE OF DEATH [Enter only one couse per line for ((o), (b), and (c).)	1,7		INTERVAL BETWEEN DASEL AND DEA H
		PART I. DEATH WAS CAUSED BY:	Gilleaustil	Kacho Utr	were denne	Lusten
		Conditions, if any, which (b)				
		gave rise to immediate couse ((a), stating the underlying DUE TO				
	z	PART II, OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION G VEN	LINI PART LINITE WAS A ITOREY
)	CATIO				THE PROPERTY OF THE	PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OW INJURY OCCURRED (E	iter nature of injury in Part	1 or Part II of Hem 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJU Haur e, m. While	JRY OCCURRED 20e. PLAC	E OF INJURY [Home, form, ry, street, affice bldg., etc.]	20f. (City or fown)	(County) (Stole)
	ME	p. m. 19 at wark	ol wark	o hald on A don		
		21. I certify that I look charge of the rem opinion death resulted from: Notural cause		3		Inquiry (, and in my
		2/7:4	,	<u>_</u> ,		
		SIGNATURE (Landouid)	<i>: //</i>	_M.D. CHIEF MEDICAL EXA ASSISTANT MEDICA	_	DATE SIGNED
		EXAMINER'S E hin he	ent.	DEPUTY MEDICAL E		11-11-66
	220	BURIAL CREMATION, 126. DATE THEREOF 22c.	NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or e	(Stole)
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS C	240. REC'D	BY REGISTRAR 246 REGISTR	AR'S SIGNATURE
	14	ORTON + DJETT 1701 KA	aurens S	DATE !	VUV 1 4 1966 /	Marles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

]	15106			CERTIFIC	CATE	OF DEATH		1	5106	
	PLACE OF DEATH						Yhere deceased lived, if ins		e befare admission)	
(o. COUNTY Anne	Arundel		MARYLA	IND	o. STATE Mary:	Land b. '	COUNTY	,	
ŀ	L CITY OR TOWN (f outside carnorate lim	ts,	C. LENGTH OF STAY IN	1b	and the same of th	tside carparate limits, write	RURAL and give	neorest town)	
	Write RURAL ond	give negrest town)		26 years		Balt:	Lmore			
(NAME OF HOSP.TA	AL OR INSTITUTION (If n	at in haspital,			d STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	Crown	sville St	ate Ho	spital	ĺ	161:	3 Coroline	Street	YES NO X	
	NAME OF		ırst	Middle		Lost		Month	Day Year	
(DECEASED (Type or print) #1	.6395	Paul		î	4arch	OF DEATH	11/	28 19 66	
4	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	K B	DATE OF BIRTH	9 AGE (In year lost birthdo			
	Male	Negro	WIDOWED	DIVORCED		7/11/1934	32 Y		Doys Hours Min.	
Ĵο.	USUAL OCCUPATION	(Give kind of work dane	10b. K	IND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or foreign country)	12 (11)	ZEN OF WHAT	
	ng mast af warking :	ite, even if retired)	11	IDUSTRY		Mary	/land	(00	INTRY? USA	
3.	FATHER'S NAME		1			14. MOTHER'S MAIDEN A	AME			
	Carringt	on March				Georg	gia			
5	WAS DECEASED EVE	R IN US ARMED FORCES? (If yes give war or dates	16.	SOCIAL SECURITY NO	17 B	INFORMANT Address				
16	No.	fit hes dise wal or agres	OH SETVICE)	None		Hospita.	Records			
٦		ATH (Enter antly one co		(a), (b), and (c))					INTERVAL BETWEEN	
	PAKI I. DEAI	H WAS CAUSED BY IMMEDIATE CAUSE DUI	(o)	Generalize	d Pi	eritonitis			ONSET AND DEATH	
	100	0.01		B 6		n 11				
	rise to immediate cause (a)					upper th	ird of Jeju	מטח		
	stating the underlying cause Duc 10									
1	last.)	(c)							
:	PART IF OTHER SIG					HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(c)	19. WAS AUTOPSY PERFORMED?	
CENTRAL CONTROL		ľ.		Deficiency					YES 🔀 NO 🗌	
	20a ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	205 DI	ESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in I	Port I or Port II of item 18	.)	•	
	(IF E THER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL	20c TIME OF INJU	IRY Month, Day, Year				E OF INJURY (Hame, farm iry, street, office bldg , etc.)		n) (Cou	nty) (State)	
ı	p.r	n. 19	at war	k Not While at wark						
ı	21. I certi	fy that (I) (this ha	spital) atten	ded the deceased fr	am)/2//,	940 , to 11/2	<u>6/, 196</u>	5, that (I) (we) las	
١		eceosed olive on_	11/2	8// 966 , on	d thot	deoth occurred of	11: DW, from cou		e dote stoted obove Tesigned	
1	220 SIGNATURE	anal NA	alov	Kein-	M.n	ATTENDING X	MED. A STAFF		/28/66	
١	On DUNCICIANG 1									
	NAME(Type) / Hildegard Heard Reissman "Crownsville State Hospital						al, Md.			
3a	BG. BURIAL CREMATON, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town					or Tawn) (County) (State)			
	REMOVAL (Specify					Cem,	Ann Ar		souty Md.	
24	FUNERAL DIRECTO	R		ADDRESS		ZSo. REC'D	BY REGISTRAR 256	REGISTRARS SH	GNATURA MORE	
	WMI. C	MARC	14 9	28 E. N	over	A NATE DI	EC 1 1966	1	00	

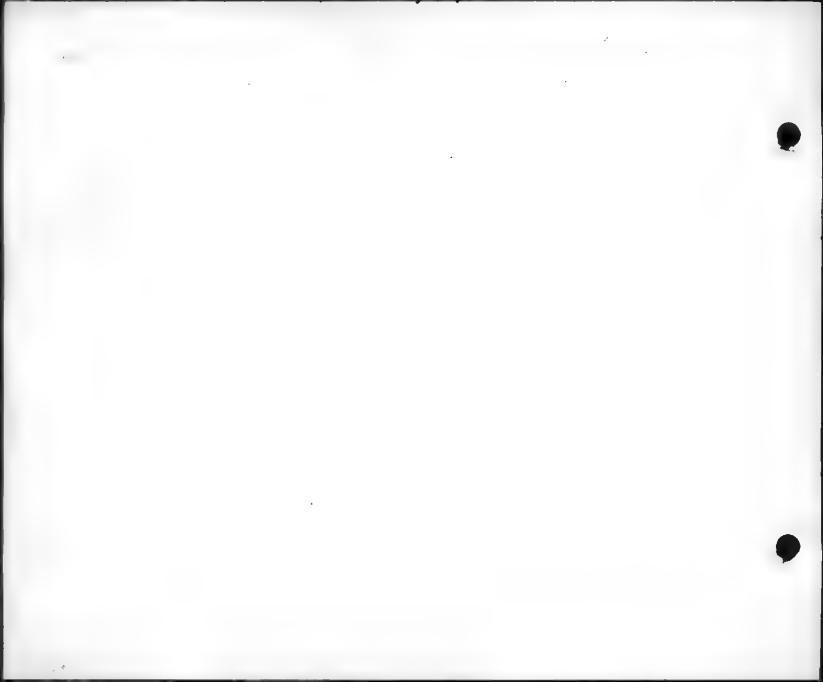
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled a by the funeral director, page 3 shauld be detached far use as the burial-transit perthip—then please remove carban papers. Pages 1 apa 2 shauld be filed with the State Dept. of Health priar to burial, crematian, acceptoral, and in any event, within 72 hours after deather. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15107 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived if not tution Residence before admission) o. COUNTY A. Co. MARYlond b. COUNTY P.M.3. Page AMCO 9 MARYLAND delay b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY N 1b (If autside carparate imits, write RURAL and give nearest town) pillo wrate BURAL and give nearest town) Cliften BURNIE NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? along with form 72 haurs REDAI - Riverside DR-Pasadom State [Ner 16. ARUNDEL-HUSPITAL 3. NAME OF 4 DATE Month DECEASED KichARd MARIEW 19 66 DEATH (Type or pnnt) F UNDER 1 YEAR S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 🔀 B. DATE OF BIRTH gst birthday) Months W DOWED DIVORCED Office a bs executed within 24 hamrs and 2 pencil in Item 1 10g USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BLS NESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY UNKAGUN Chief Med cal Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LAKNOWH 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give war or dates of service) 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MMEDIATE CALSE (o). This certificate shauld burial, crematian, Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO No its designated agent, prior ta shauld be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Cor CONTRIBUTING ce at home CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year (Etty or town) (County) (Stote) Not While of work factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page 19 CC of work BACU 14/ 21. I certify that I taak charge of the remains described above, held on Autopsy (1), Inspection (2) Inquiry 4 and in my opin on the funeral director. death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) 25b REG STRARS SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	1510	<u> </u>		CERTI	FICATE	OF DEATH			151118	9	
1	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Where deceased F	ved, if institution: Re	esidence before odm	ression)	
L		Anne A			RYLAND	Mary	land	A	nne Aruno		
П		f outside corporate limits give nearest town)	,	E LENGTH OF STAY	IN 16	c. CITY OR TOWN (If au		mits, write RURAL on	d give nearest tow	n)	
L	Anna	polis		D.O.A.			water		124	- 416 35 773	
	d. NAME OF HOSPITA	AL OR INSTITUT ON (If no	t in bospitol, gi a.l.)	ive street oddress)		d STREET ADDRESS	0.40		e DN	A FARM?	
	Anne Aruno	el General	Hospit			Box-			YES [NO X	
3	NAME OF DECEASED	Fir	_	Middle		lost MARTIN	4 DATE OF	No vember	Doy 10	Year	
	(Type or print) SEX	6 COLOR OR RACE	7. MARRIED	Riley NEVER MARRI		DATE OF BIRTH	DEATH 9 AG			NDER 24 HRS	
	Male	White	WIDOWED	DIVORC		1-10-10	899 %	st pirthdoy) Mon			
1	Oo USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foreign		12 CITIZEN OF WHA	ī	
d	uring most of working	ife even if retired)	1MD	MUSICI	AN	Scotl	and		COUNTRY?		
	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME	7	_		
	WILLI	AM N	IMRT	IN		HELEN		OFFO	17		
		R IN U.S. ARMED FORCES? (If yes give wor or dotes o		OCIAL SECURITY NO	135	NFORMANT	19/1/	Address			
	No	(ii pas gitta iiai at at as as a	/3	4-07-118	3 A	Picia M.	TOT H	# 1			
Г	18. CAUSE OF DEATH (Enter only one couse per the for (o), (b), and (ch) PART I DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH										
	1/2/5/	14231 IMMEDIATE CAUSE (a) CONSERABLE CAUSE CONSERABLE CAUSE (a) CONSERABLE CAUSE (b) CONSERABLE CAUSE (c) CONSERABLE (c) CONSERAB									
Т	Conditions, if ony,	which noun 3	(b)	ungest	ver	sing of a	a aloga	ef.	570	us.	
	rise to immediate	e couse (a), (Dile	arti	DIEN	10	20		100	0		
ı	last.	tying couse	(a) HO	Cro		Khenma	hic the	art Dise	ese		
	PART IF OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19 WAS	AUTOPSY ORMED?	
5 2	O a	bettes be	ille	itus.					YES	NO D	
MEDICAL CERTIFICATION	200 ACC DENT WAS		205. DES	CRIBE HOW INJURY	OCCURRED. (Enter noture of injury in I	Port I or Port II o	of item 18.)			
1	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			T		- 100			/a	
201	20c. TIME OF INJU Hour o.n		20d. IN. While	JURY OCCURRED Not While		E OF INJURY (Home, form ory, street, affice bldg., etc.)		ty or town)	(County)	(Stote)	
1	p.n		ot work		1 5	100.06.1	606 ta	1200	10/2/2 45-4/1	1 /2020 1	
ı		y that (I) (Michael eceased alive on	audi) ditend	ed the decedsed	a romZ and that	death accurred at	- Comment	am causes and	19 <u>00</u> , that (
1	220. SIGNATURE	/ - //-	1		4114	11	AM OC	2	2b. DATE SIGNED		
ı	12	73 t- VV	ucoc	w	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11-10.	66	
	22c. PHYSICIAN'S NAME (Type)					22d ADDRESS 1407 Fore	st Driv	, Annapo	lis. Md.		
=	230 BURIAL CREMATIC	ON Z 23b. DATE THE	PEOF	23c. NAME OF CEL	WELEDA UD (ON (City or Town)	(County)	(Stote)	
1	REMOVAL (Specify	111.15		4:110	PE	5 1-	E HA	000/16	MT	(Siona)	
1	24. FUNERAL DIRECTO			ADDRESS	15-K-	2So REC'E	BY REGISTRAR	PSb. REGISTRA	AR'S SIGNATURE		
1	JOHN	M. TAU	10 P.S.	US ANI	1000	115 MATE N	10V 15	,	Lemela O		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please target carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burnal, cremation, or removal, and in the state Dept. at Health prior to burnal, cremation, or removal, and in the state Dept. at Health prior to burnal, cremation, or removal, and in the state Dept.

6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15109

FOR STATE

PM3. Page y deloy is

and 2 with the State Department of event within 72 hours after death

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 nours after death If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

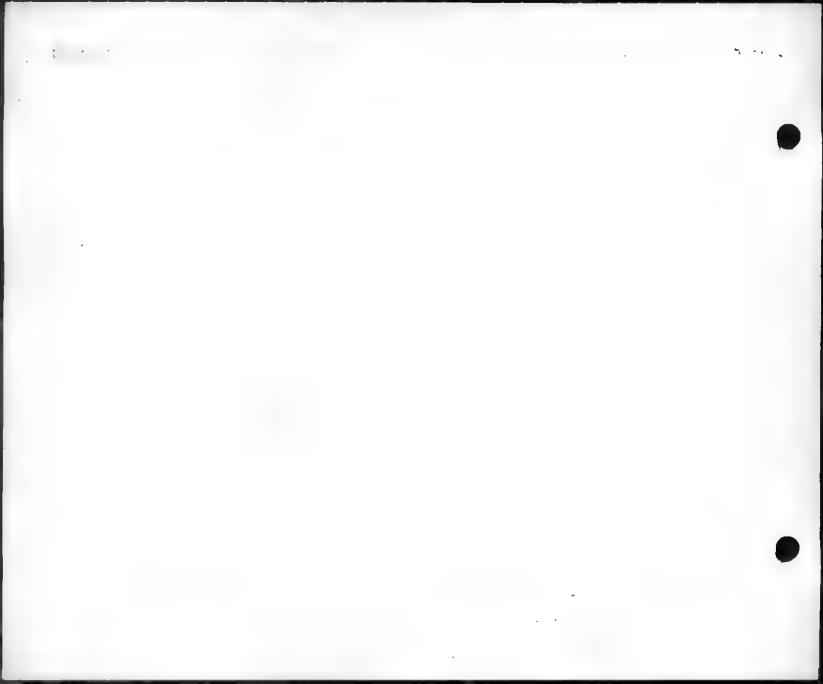
15109

	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) a. STATE b. COUNTY				
	AACO	MARYLAND	190	111100			
	b CITY OR TOWN (f autside corporate km.) worte RURAL and give nearest town)	ts, c LENGTH OF STAY IN 16		nits, write RJRAL and give neorest town)			
	9/en DURNIC		glen BURNI				
. /	d NAME OF HOSPITAL OR INSTITUTION (Fin		d STREET ADDRESS	e IS RESIDENCE ON A FARM?			
<i>!</i>	D.G. North. Al		103-7-rd AVR				
3	NAME OF DECEASED	rst M.dde	Last 4 DATE OF	Manth Doy Year			
-	(Type or pr nt) S SEX 6 COLOR OR RACE	C.S	DATE OF BIRTH 9 AG	If UNDER LYEAR FUNDER 24 HRS			
	5 SEX 6 COLOR OR RACE	7 MARRIED A NEVER MARR ED 8	7-12-58	t birthday) Months Days Haurs M.n.			
	On USUAL OCCUPATION (Give kind of work dane		11 BURTHPLACE (State or foreign country				
d	during plast of working life, even if retired) (A	ET) I LINDUSTRY PLOAST GARD	Baltimore, n	ref. CONJRY? A.			
	13 FATHER'S NAME		14 MOTHER S MAIDEN NAME				
	(UNKNOWN)	masters	UNKA				
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes na, prunknawn) (If yes give waj ar dafes		NFORMANT	Address SEVENTA PARK			
	Yes 1904-19	39 220/18/7888 MI	rs. NANCY DONCY (DA	ughter) md.			
Г	18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY		000	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE	(a) arlacallerases	- generaly	Olisti Alle Berlii			
	7 00 00	E TO		Justin			
	Canditians, if any, which gave a	(b)					
l	stating the underlying cause DUE	E TO		-Pryshillin			
	last)	{c}					
2	PART II OTHER S GNIFICANT COND TONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?			
TAN	20g EXTERNAL CAUSE WAS	ANY DESCRIPTION IN HIDINASSIAN		YES NO			
CENTIFICATION	PRIMARY Or CONTRIBUTING	SOD DESCRIBE HOM INDUKA OCCURRED (Enter nature of injury in Port 1 or Port 1 o	T (rem 18)			
		20d IN.JRY OCCURRED 20e PLAC	E OF NJURY (Hame, form, 20f (Cit	y ar tawn) (Eaunty) (Stote)			
100	20c T ME OF INJURY Manth, Day, Year Haur a.m.	While Nat While facto	ry, street, office bldg , etc.)	y or rown) (country) (31018)			
"	р п. 17	I GI WOLK - GI WOLK - GI		Jane 2			
	death resulted from: Natur	ge of the remains described above, hel					
	death resulted troops: Natur	ral causes 🗹, Accident 🔲, Suici	de 🔲, Hamicide 🔲, Undet CHIEF MEDICAL EXAMINER 🗍	ermined manner [_]			
	ACTUAL SIGNATURE		ACCIETANT MEDICAL EVANIUMED F	22. DATE SIGNED			
	SIGNATURE FURNISHED	; //	M.D. ASSISTANT MEDICAL EXAMINER L				
	NAME (Type) E LINK	ANT.	Address (Street, city, town, or co	/ /			
1	230 BURIAL, CREMATION, 23b. DATE TH			Oh (City or Town) (County) (State)			
A			Hill Breck				
4	24 FLINERAL DIRECTOR	ADDRESS	25a. REC D BY REGISTRAR	25b REGISTRAR'S SIGNATURE			
1	1. 11. Jagloton	Colon BUSNIE	Mal DEC 5 1	986 Engles Judes			

VR A15ME (5) 6M 1/66

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans: t permit File Health or its designated agent, prior to burial, tremation, or removal, and





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15111 CERTIFICATE OF DEATH by the funeral Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) PLACE OF DEATH 6 COUNTY ANNE ARUNDEL o COUNTY ANNE ARUNDEL MARYLAND papers Pages I hin 72 hours after g MARYLAND b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate timits, write RURAL and give nearest town) FT GEO G MEADE 62 DAYS SEVERN d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Route #2, Box 241-A KIMBROUGH ARMY HOSPITAL event, within carban 3 NAME DE Middle 4 DATE First Lost Month campietely DECEASED McCARTY **GEORGIA** ELIZABETH NOVEMBER (Type or print) DEATH B. DATE OF BIRTH AGE (In years F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** plast birthdoy) Months 14 MAY 1921 and in any PEMALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Troteman, Georgia Housewife None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar removal, attending phys Unknown 081 G.B. Ammons 16 SOCIAL SECURITY NO 17 INFORMANT 1S WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service Wm McCarty, Jr. Route #2, Box 241-A, Severn, Md 418-12-3162 No 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY signed by the burial-transit burial, cremati Esophageal Vorices IMMEDIATE CAUSE (o) á attending physician. DUE TO Laenne's Cirrhosis Conditions, if any, which gave nse to immediate couse (a), DUE TO far use as the b (Health prior tab stating the underlying couse Nutritional Cirrhosis has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH letached 1 Dept of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. Not While factory, street, affice bldg., etc.) of work at work 2]. I certify that (this hospital) attended the deceased fram 8 Sept , 1966 to 7 Nov 19 66 that 10 (we) last director, page 3 shauld shauld be filed with the be retained and that death occurred at 7:05eM, fram causes and an the date stated abave. saw the deceased alive an 7. Nov. 22b. DATE SIGNED 22o. SIGNATURE STAFF November 1966 Stuar DIRECTOR Page 4 may ARMY HOSP, FT GEO G MEADE, MD

23c NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL

VR A15 (4) 20 M 1/66

230 BUR AL, CREMATION,

TREMOVAL (Specify)

requires that the death certificate be executed within 24 haurs after death

NAME (Type) STUART H. BRAGER, CPT, MC

23b DATE THEREOF

Nov.10,1966

CEM. ARLINGTON 2So. REC'D BY REGISTRAR

VIRGINIA REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)

(County)

e IS RESIDENCE DN A FARM?

YES X NO

Year

19 66

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

1 Year

WAS AUTOPS PERFORMED?

(Stote)

(Stote)

ONSET AND DEATH S



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1511	S		CERTIFI	CATE	OF DEATH			1511	2
		PLACE OF DEATH						here deceased lived, if insti		e befare adn	nissian)
3	1	a. COUNTY	ne Arundel		MARYL	.AND	o. STATE Mary	land b.((An	ne Aru	unde l
		b CITY OR TOWN (f autside carparate limits,	cl	ENGTH OF STAY IN	1 1b		side carparate limits, write	RURAL and give	nearest tow	/n)
			l give negrest tawn)				Annapolis			(m .	1
		d NAME OF HOSPIT	AL OR INSTITUTION (If not in I	haspital, give st	reet address)		d. STREET ADDRESS			RESIDENCE A FARM?	
1		Anne	Arundel Gener	al Hos	pital		3 Murra		YES		
		NAME OF DECEASED	First		Middle		Last	4 DATE M	anth	Day	Year
		(Type of print)	Clarenc	e	Bayne		MC CRANE	DEATH NOTEMO		14	19 66
	S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED						DATE OF BIRTH	9 AGE (n years lest herhody)	Months M		NOER 24 HRS
		Male	MILLEC	IDOWED	DIVORCED		ovember 14,	1892 /4 yrs			
	100 USUA. OCCUPATION (Give kind of work done during most of work notifies executively) 100 KIND OF BLSINESS OR NO. STRY						11 BIRTHPLACE (County)	State or foreign country) New Jersey		IZEN OF WHA UNTRY?	
	JAMES J. Mª CRANE						14 MOTHER'S MAIDEN N				
							MARGA	RET VOL	1250	N	
	1Ş (Ye	WAS DIKEASED EVE	R IN J.S. ARMED FORCES? (If yes give war or dates of serv	16 SOCIA	L SECURITY NO.	NR.	S. NELLIE	M. MCC.	RANE	#:	2
		18 CAUSE OF DEATH (Enter an y one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND SEATH ONSET AND SEATH ONSET AND SEATH									
		4200	DUE TO	19.1	do al	1	1 100	1 5	0	11.	11
		Canditions, if any use to immediat	e couse (a)	1110	HURCE	Preof	ee f Claud	- Deseau	-6	una	now
		stating the unde	rlying couse C(c)								
٥,	CATION	PART II OTHER SI	GNIFICANT CONDITIONS CONTR	BUTING TO DE	ATH-BUT NOT RELA	1000	FOR SEMINAL DISEASE CON	DITION GIVEN IN PART 1(a)			AUTOPSY ORMED? NO [
	1 CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRIB			, ,	art I as Part II af item 18)			
	MEDICAL	20c TIME OF INS Hour on p.i	10	While of work	OCCURRED Not While at work		E OF INJURY (Hame, farm ary, street, affice bldg , etc.)	, 20f. (City or town)	(Cou	inty)	(State)
			fy that (I) (this hospita	H) ottended				962, to/		66, that (
			ereased olive on	11/14	19 <i>66</i> , o	ind that	deoth occurred of	12:30 M from cous			oted abov
		220 SIGNATURE	lived of	Hocz	um	— м.с		MED. STAFF PHYS,	226 0/	ATE SIGNED	5
1		22c. PHYSICIAN S NAME (Type	Kichard I	1 1. "	chman		2 27	nd las S	Hanas	where,	Tral
	1	BURIAL CREMATION	L 11-17-1	1966 1		GERY OR O	TS LEM	23d LOCATION (City or	BELPH	(Caunty)	PA
	24	O 13 N	U. TAYLOK	2.50 m	ADDRESS S	APO	LIS MADE	NOV 17 1966	REGISTRAR'S S	ignature arley	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending ply steep, and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. The lagiste remove carbon papers. Pageshuld le filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deoth

Page 4 may be retained by the hospital or attending physician.

and completely filled in by the funeral



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	5113			CERTIFICAT	E OF DE	ATH			13	511	13	
PLACE O		<u> </u>				ESIDENCE (V	Vhere deceas	sed I ved, if institut	ian Resider	ice befai	e admissia	n)
o. COUN	An	ne Arunde	el	MARYLAND	a STATE	Mary	land	b. COU		ne /	Arund	e l
ь спус		de corparote imits, nearest town)		c LENGTH OF STAY IN 16	c CITY OR 1	OWN (If ou	tside corporo	ite limits, write RUI				
Write	Anna	DOLIS				Fairha	aven					
d. NAME		INSTITUTION (If nat	ın haspital, gı	ve street address)	d. STREET A		11-1-1-1				e IS RESID ON A FA	ENCE
-	Anne Aru	ndel Gene	eral Ho	ospital	R	t. 1,	Box 2	158				NO [
NAME O	F	First		Middle	Lost		4 DATE	Mont	th	Doy	Yed	Ir
(Type or	pant)	John		Henry	MITCH	ELL	OF DEATH	November		2	19	66
S SEX			7 MARRIED	NEVER MARRIED	8 DATE OF BI	RTH		AGE (In years last birthday)	IF UNDER Manths		HOURS	24 HR
Male	e N	egro	WIDOWED	DIVORCED	March	13, 19	917	49 yrs	Manins	Days	Hours	Min
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suring most	af warking li ^l e, eve 3. rin e r	en it retired)	INE	OUSTRY		Ma	rylar	nd		/UNITET :	U. S	
13. FATHER	'S NAME				14 MOTHER	'S MAIDEN I	NAME					
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		nter only one couse		(o), (b), ppd (c))	1)	1)					FERVAL BETV	WEEN
P	ART DEATH WAS	S CAUSED BY IMMEDIATE CAUSE (c	1 (0	rebral 1	Lemor	rela	Pl			15	200	TAIH
	143X	DUE T		// -	/ .:	206	11/21	1. 1000			06	
	ans, if any, which		1 N4/1	extensive 6	ardio	-vus	aucer	duear	L.	Ken	yewa	in
	immediate cous the underlying		0 /6									
last.	me on conjung	\	d)									
PARTI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PREFORMED?											
OR COLUMN AND AND AND AND AND AND AND AND AND AN		-)		NO [
20a AC	CIDENT WAS UNDE	RLYING 🗀	205. DES	CRIBE HOW INJURY OCCURRE). (Enter nature	of injury in	Part I ar Por	t II of item 18.)		-		
S OR COL	ITRIBUTING CAL IER, NOTIFY MEDICA											
20c T	ME OF INJURY M	anth, Day, Year			ACE OF INJURY			(City or town)	{Co	unty)	(Stote)
ME	Haur a.m. p.m.	19	While at wark		ctory, street, affi	te bldg , etc.		At 4		b .		
21		at (I) (this hosp		led the deceased fram	100	29	964,	a /VOV	2 19	14,1	hot (I) (we) l
	w the deceos		Nov		of deoth occ	urred at	02 P	A fram causes	and on t	the da	te stated	l aba
	SIGNATURE	- 10	1	1/.1/	AVTENDIN	-	MED.	110		ATE SIGI		_
	In	Word	(/"	millo	W.D. PHYS	" X	DIRECTOR	PHYS.] //	1/2	-161	6
	PHYSICIAN'S	1.11	-	5:11	22d. AD	DRESS	6.1	C%	1, 1	/	7	
	NAME (Type)	1111 ara		SMITTLE	51	_\\/	pay.	SIRE, 1	40.			
230 BJRIA	L, CREMATION,	23b DATE THER	EOF	23c NAME OF CEMETERY O			23d LC	CATION (City or To	wn)	(County	/) (S'	tote)
REMO	VAL (Specify)	11-6-66		MOSes Cem			A.A	. Co.			Md.	
24. FUNER	AL DIRECTOR			ADDRESS			BY REGISTI		EGISTRAR'S	SIGNATU	Vuda	2
Pin	nkney 3	.Sewell	Pri	nce Frederi	ck-Md	DATE NO	3V 7	1966	turas	res	10	

physician and completely filled in by the funeral of please remove carbon papers. Pages 1 and 2 pratiating any event, within 72 haurs after death.

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VR A15 (4): 20 M 1/66



	15114	n oranom	JAL KLOL	CERTIFIC	ATE	OF DEATH		I, DALIIIIO	1	5114	
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENC a. STATE	E (Where dec	eased lived, If in		sidence befor	admission)
	Anne	e Arundel		MARYLA	ND	Mary	la nd				
	b. CITY OR TOWN (if write RURAL and	outside corpora give nearest tow	te limits, m)	c. LENGTH OF STAY II	N 1b	C. CITY OR TOWN (IF	outside corj	porate limits, wr	ite RURAL	and give nea	rest town)
	Pasadena					Baltimore					
	d. NAME OF HUSPITA	AL OR INSTITUTIO	JN (if not in no	ospital, give street add	1622)	d. STREET ADDRESS				ON	A FARM?
_	Laurel Acr					402 E. Cro				YES	NOTE
3.	NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE	Mont	h	Day	Year
	(Type or print)	William		Thomas		Moon	DEATH	11			9 66 _
5.	SEX 6.	COLOR OR RACE	7. MARRIED		_11		9.			YEAR IFUN	
3/	1 To 1	ID. Zaka	WIDOWED-	DIVORCED [Aug. 20, 189	90 -	76 yrs.	Months	Days Hou	rs M i n.
10: du	USUAL OCCUPATION	Give kind of work	done 10b. Ki	NO OF BUSINESS OR		11. BIRTHPLACE (Co) 12. CI	TIZEN OF WI	IAT
	ockhand IS	•		n. Steel Co.		Baltimore 14. MOTHER'S MAID	. Nd			US	SA
13			31					h la a			
16	WAS DECEASED EVER	lliam T.		SOCIAL SECURITY NO.	1 2 2	INFORMANT	E. An	Addre	**		
ď	es, no, or unkown) (Ify	es Dive war or dates (if service)	SUCIAL SECURITY NO.				Muure			
	No		21	5-09-1552]	Family			Same		
			•	ne for (a), (b), and (c).	_				1	INTERVAL	BETWEEN
	PART I, DEATH	WAS CAUSED BY MEDIATE CAUSE	Coro	nary Occlu	sio	n				Immed	iate
	420, DUE TO Arterio selerotie heart disease 6vea:								rs		
	Cenditions, if any, which \ (h)										
	gave rise to Immediate Cause (a), stating the DUE TO										
	underlying cause la	atomic the control of									
S	PART II, OTHER SIGN	FICANTCONDITI	ONSCONTRIBU	TING TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)	19. WAS	AUTÓPSY
CERTIFICATION	Diab	etes ^N el	litus-	5 year	\$					YES	FORMED?
RTIF	20a. ACCIDENT WAS OR CONTRIBUTING ((1F EITHER, NOTIFY	UNDERLYING [7]	20b. [ESCRIBE HOW INJURY	OCCUI	RRED. (Enter nature of	injury in Pa	ert I or Part II (of item 18.)		
2	(IF EITHER, NOTIFY	MEDICAL EXAM!	NER)								
CAL	20c. TIME OF INJU	RY Month, Day,	Year 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, fa y, street, office bldg., et		(City or town)	(Cour	nty)	(State)
MEDICAL	Hour a.m. p.m.	19	While at work	Not While	Tactor	Mattecet other pinks to	(6.)				
	21. I certify th	at (1) (this hps	pital) attende	ed the deceased fro	m_6	/3/61, 19), to]	1/:7/66	, 19	, that (I	(we) last
	saw the deceas			19, and	d that	death occurred at	M, fro	om the causes	and on th	ie date sta	ted above.
	22a. SIGNATURE	1	10	4 1				OTAGE		TE SIGNED	
	1 XX	Terry	100	ree)	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11/2	8/66	
	22c. PHYSICIAN'S NAME (Type)	/				22d. ADDRESS					
	HAME (13 pc)	Harry D	eibel.	Md		1226 S.	Hanov	er St.,	Balti	more 3	O. Md
23	a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE	THEREOF	23c. NAME OF CEM		OR CREMATORY	23d. LC	CATION (City, t	own or cou	nty)	(State)
			1966	Ceda	r H		Broo	klyn, A.	A. C	o. Md.	
24	Burial FUNERAL DIRECTOR	R		ADDRESS		25a. REC	'D BY REGIS	STRAR 25b. R	EGISTRAR'S	S SIGNATUR	Ε

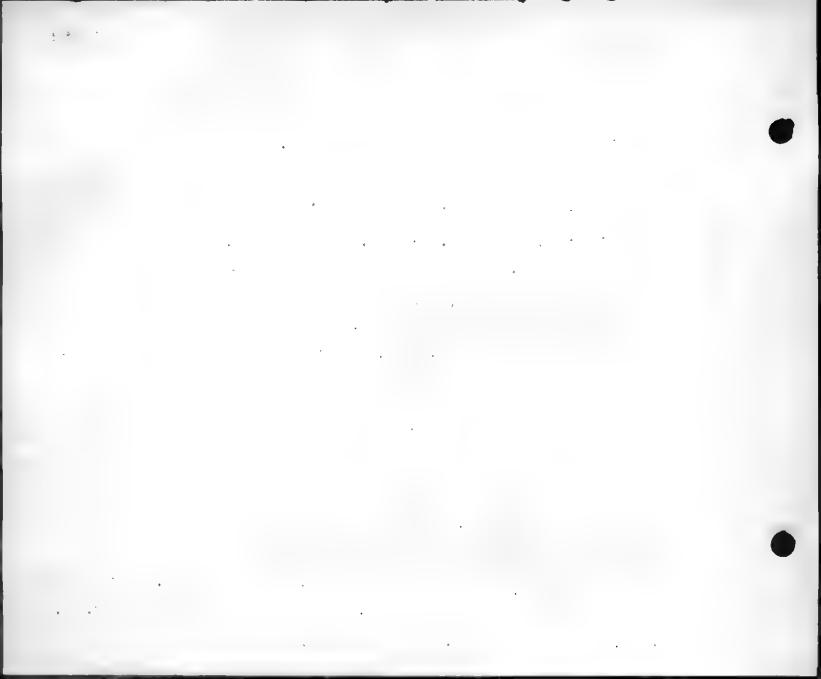
McCully Funeral Home, 130 E. Fort Ave. , Balto . McAIE

1966

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TO BORNTAL OR ATTENDING PRYSELLE. The Par requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death. Anne Arundel MARYLAND b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) ad in l 3 years Pasadena Pasadena Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS hours ON A FARM? Box 132 Rte. YES NO W completely pers. 72 ho NAME OF 4. DATE Month DECEASED OF E. DEATH (Typa or print) carbon pi 21. November 1966 Moscatelli 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) | Months with the attending physician and. Then please remove carremoval, and in any event, WIDOWED | DIVORCED | White 8 May 1913 certificate 10e USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Manager General Electric Rome , Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass [Yas, no, or unkown] [[Ifyesgivewerordatasofservica] physician. requires that Lois F. Moscatelli, wife, same as permit. 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) INTERVAL BETWEEN vteriorderatic Hont Digues 5 PART I. DEATH WAS CAUSED BY: has been signed e burial-fransit pe IMMEDIATE CAUSE (a) emalion, **DUE TO** attending Conditions, if eny, which gave risa lo immediata cause **DUE TO** (a), stating the underlying cousa last. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO 7 use prior 4 may be retained by the ho DIRECTOR: After this cer 3 should be detached for us the State Dept, of Health prin 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED + 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Yaar (County) fectory, street, office bldg., etc.) While Not While 21. I certify that (I) (this hespital) attended the deceased from. It is 1967, to May .7......19 626, and that death occurred at. 1 A.M., from the causes and on the date stated above saw the deceased alive on /VOV 226. DATE 22a SIGNATURE ATTENDING STAFF SIGNED က <u>န</u> FUNERAL Pector, page 3 siled with the PHYS. DIRECTOR PHYS. 1966 HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) TO FUNE director, p 607 W. Joppa Road, Baltimore, Md. Charles Shaw, M. D. death. 236, BURIAL, CREMATION, | 236, DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23 Nov. 1966 Dulancy Valley Baltimore 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [41] Kirkley Funeral Home, Glen Burnie, Mi. 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH



Le executed within 24 Bours offer death.

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Page 4 may be retoined by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate

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ompletely filled in by the fur ve carbon papers. Poges 1 event, within 72 hours after

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be detoched for use as the State Dept. of Health prior to

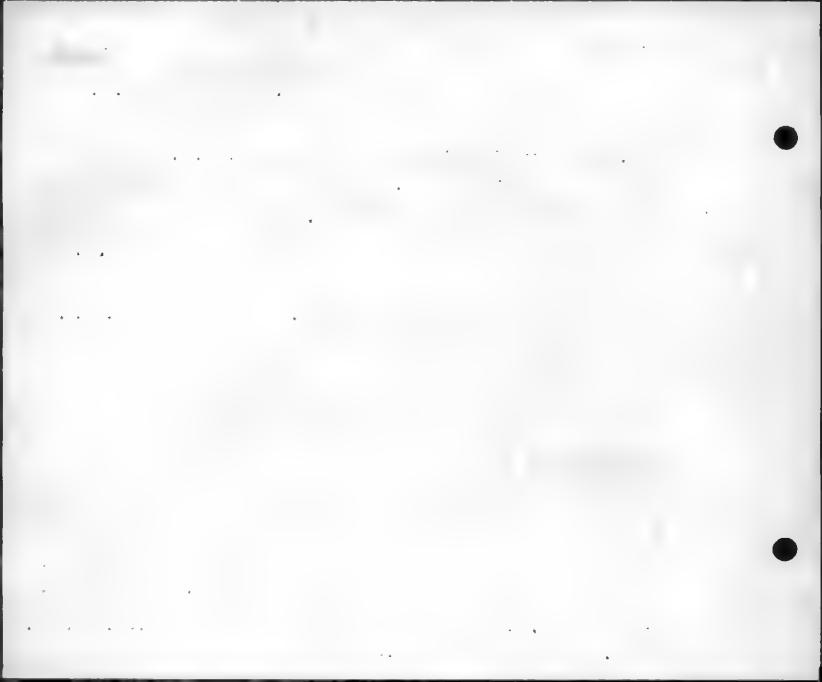
director, page 3 should should be filed with the

signed by the burid-transit p

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completely filled

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15116 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel MARYLAND A. b CITY OR TOWN (if outside carparate mits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If guisside corporate limits, write RURAL and give nearest town) Glen Burnie Glen Burnie d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP-TAL OR INSTITUTION (If not in haspital, give street address) N. Arundel General Hospital 8 Eighth Ave., N. W. YES NO 😿 3 NAME OF Middle 4 DATE Month OF DEATH 1966 **AUGUSTA** G. MURR November (Type or print) IF UNDER I YEAR NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 82 birthday) White Female DIVORCED Sept. 12, 1884 WIDOWED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Sales Ladv Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Anna Schmidt Joseph Murr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Jerome G. Wagner - 8 Eighth Ave.. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🗀 NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not While at work at wark . 19 U.L. to 11/ . 19 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from Vac 3 1966, and that death occurred of DSTPM, from couses and on the date stated above. saw the deceased alive on 22b DATE SIGNED 22o SIGNATURE **ATTENDING** STAFF PHYS. November 4.1966 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 108 Central Ave., Glen Burnie, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (Stote) Burial Holy Cross Cemetery
ADDRESS 250 Ritchie Hgwy. A.A.Co.. 1966 REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy., Baltimore



CERTIFICATE OF DEATH

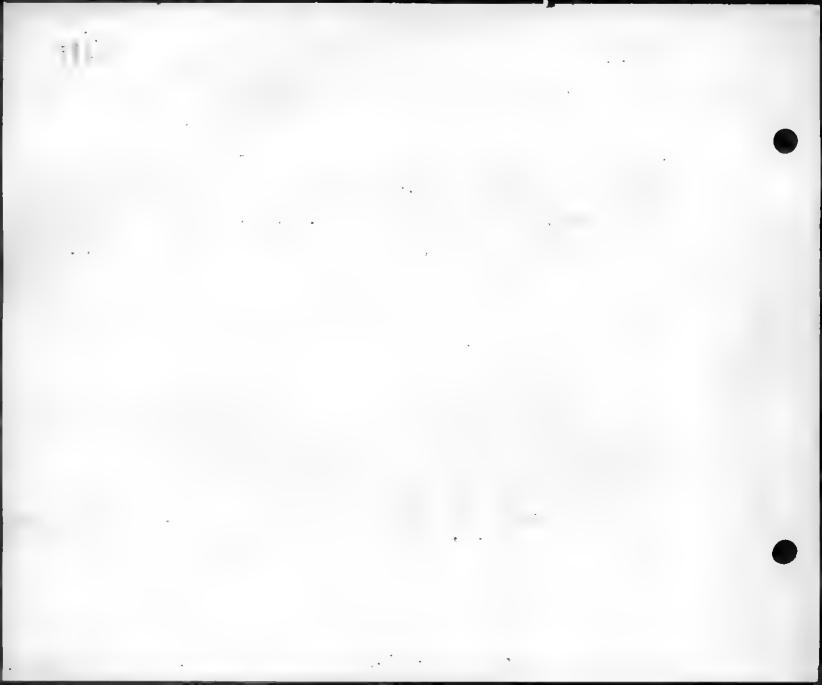
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1911		. CERTIFICATE	OI DEATH		19111
. PLACE OF DEATH				re deceased lived, if institution	Residence before admission)
o. COUNTY	Anne Arundel	MARYLAND	o. SIATE Marylai	nd b. COUNTY	Anne Aruhdel
b CITY OR TOWN	(If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	e corporate firmits, write RURAL	and give nearest town)
write RURAL or	d give nearest town)	6 days	RURAL - A	napolis	
	TAL OR INSTITUTION (If not in hospite		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Anne Arun	del General Hosp	ital	Rt→1, Box-	-538	YES NO P
NAME OF	First	Middle	Lost 4	DATE Month	Doy Year
DECEASED (Type or print)	Lillian	Mae	NALLEY	OF November	1 19 66
SEX	6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years II	UNDER 1 YEAR IF UNDER 24 HRS.
Female	White WIDOW	ED DIVORCED .	Oct. 24, 1883	2 84 yrs.	OHITIS DOYS HOUIS MILL
O USUAL OCCUPATION	N (Give kind of work done 10b	KIND OF BUSINESS OR	31 BIRTHPLACE (County & St		12 CITIZEN OF WHAT
rring/robst of working	(C) F E	INDUSTRY OME	MITCHELLVIL	46 Maryland	COUNTRY?
3. FATHER S NAME			14 MOTHER'S MAIDEN NAM	E	
GE61	TEE DEA	16	LEVINIA	-	
S WAS DECEASED EV	ER IN J.S ARMED FORCES?	16. SOCIAL SECURITY NO 17. 1	NFORMANT	Address	LEHART A.ACO
185, 110 OF OTICHOWN)	(If yes give wor or dotes of service)	C',	DMUND F.	NALLEY Th	1ARYLAND
18. CAUSE OF C	EATH (Enter only one couse per line	for (a), (b), and (c).)	. 4		INTERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	sycartial	enfarele	רו	ONSET AND DEATH
·1 × 0			m / 1	1	
Conditions, if on rise to immedia		Coronary	ocelun	77	anknows
stoting the und		D-A. 10	~		
lost	} (c)(lylempelely	pur		
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
	dishte	millely			YES NO
	AS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port	I or Port II of item 18.)	
	(MEDICAL EXAMINER)				
20c. TIME OF IN	The state of the s		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
0	m. 19 ot s	work of work			
21. I ceri	ify that (I) (গলেকজন্মা) att	ended the deceased fram_	, 19_		, 19.66, that (I) (367 la:
	deceased alive an Nov.	19 <u>66</u> , and tha	t death accurred at	A 11/	d an the date stated above
22o. SIGNATUR	2 1 -+	<i>t</i>	ATTENDING ME	D. STAFF	22b. DATE SIGNED
DI DI DICIGIO	m onl	M.I	22d. ADDRESS V	ECTOR PHYS.	11/1/64
22c PHYSICIAN NAME (Typ		mith M.D	220. AUDKESS Sev	una Park	md.
30_BURIAL, CREMAT		23c. NAME OF CEMETERY OR	CDEMATORY	23d LOCATION (City or Town)	(County) (State)
EMOVAL (Special	y) 1/- Lf - 10/	6 WHITEMARS		Po,	GEORGE CO MO
24. FUNERAL DIRECT	- 16	ADDRESSA	. 250. REC'D BY	REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
. 1	M TAVIL		LIS MODATE NOV		Granda Judge
VOHL_	1-1. 1 17 7 601	44101/101/11/01	- A Mount	4 300	The Market

Page 4 may be retained by the nospital or attending physician.

TO FUNERAL DINICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They peak remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, or discount, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

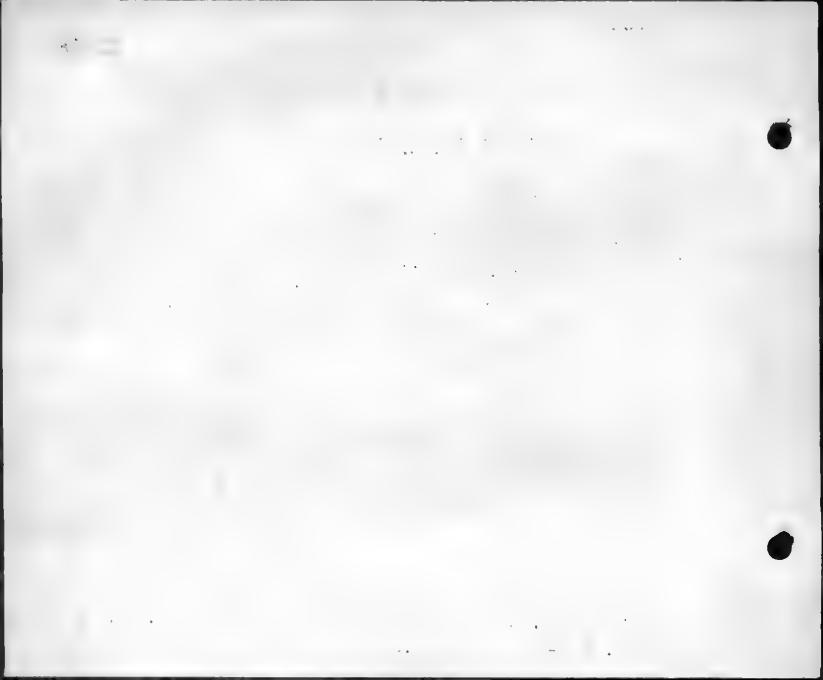
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
🛶 อเมเรเอน of Statist	MARYLAND STATE DEPARTMENT OF HEALTH FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH	LTIMORE 1, MARYLANI
19119	CERTIFICATE OF DEATH	15118

1. PLACE DE DEATH	2. USUAL RESIDENCE (Where deseased lived, if Institution: Residence before admission)
a. COUNTY Clare are are maryland	a. STATE PRACY CONCE b. COUNTY Clarende f
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Pasadina, Mil
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREEL ADDRESS. 6. IS RESIDENCE ON A FARM?
Pasadena, Md.	Azersele Crece YES NO
3. NAME OF / First Middle	Last 4. DATE Month Day Year
(Type or print) frmc2 blestry	Meff- DEATH Moderater 17 1966
5. SEX 6. 90LOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF GIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
male white WIDOWED DIVORCED 1	Scitote: 25, 1906 & 6 yrs.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR dyring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Duming + helding Marchand Disgelor	12 Ballemen, Met11.5.61.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Consenses 100 %	derna facq
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 11. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Paleders
no de 11/4 /1	is james Tief Jacadeau, Mich
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRECENTING	the kept ling / 4,000
163X DUE TD M	0 11 011- 1
Conditions, if any, which \ (b) \(\sigma \sigma \text{threatise e.g 1/2}	warring (26 minutes
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	(30 UISC AUTDON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
Turning Transport and Transpor	YES NO
I ⊆ I OR CONTRIBUTING □ CAUSE OF DEATH	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	ICE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	0111111
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 72 1966, and that	t death occurred at A.M. from the causes and on the date stated above.
7 m My Sand Sim	ATTENDING MED. STAFF
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS.
NAME (Type) If It, the Laugh In M. D	· 3708 Winstern Rd. Preading Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify)	
Burial Nov.21.1966 Holy Cross C	emetery RitchieHgwy., A.A.Co., Maryland
24. FUNERAL DIRECTOR ADDRESS	
George J. Gonce-4001 Ritchie Hgwy., Baltim	DATE NOV 2 3 1966 Aclisales Judge



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	5	1	1	9
mile.	~	million.	-	T .

CERTIFICATE OF DEATH

			- 1	
Reg.	Dist.	No.	- 1	4

и.	15119			CERTIFIC	CATE	OF DEATH	1		Reg. Dist. No	. 1	5119
46	PLACE OF DEATH				2 U	SUAL RESIDENCE (Who	ere deceased	lived. If instituted	n: Residence bef	ore admiss	ion)
4	Anne	e Arundel		MARYLAN	D °	STATE Maryl	and	b COUNTY	Anne Ar	runde	1
	b. CITY OR TOWN (IF RURAL and give ned	outside corporate limi	ts. write c, LENC	OTH OF STAY IN I	b c	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)					
L		reenland	Beach	10 yrs.		Green	land I	Beach			
	d. NAME OF HOSPITA OR INSTITUTION					STREET ADDRESS				e. IS RES	IDENCE FARM2
	202 Green	nland Beach	n Rd.			202 Gre	enland	Beach R	d.		NO 🛅
3	NAME OF DECEASED (Type or print)	ELEAN	OR	Middle M.	C	BROCKIE	4. DATE OF DEATH	Mon!			1eor
	SEX	6. COLOR OR RACE	7. MARRIED 24	NEVER MARRIED	8 DAI	E OF BIRTH	T	9. AGE (In years	IF UNDER 1 YEA		
L	Female	White	WIDOWED [DIVORCED [Se	pt. 25, 19	07	lost birthday) 59 yrs.	Months Doys	Hours	Min.
ا [Oa. USUAL OCCUPATION during most of works	N (Give kind of work on life, even if retired	done 10b. KIND OF	BUSINESS OR IN	DUSTRY 1	1 BIRTHPLACE (State of	or foreign co	unfry)	12. CITIZEN	OF WHAT	COUNTRY?
-		whfe				Baltimore		rland	U.S.	•	
l,	3. FATHER'S NAME					MOTHER'S MAIDEN N					
L		R. Stein					therir	me Patter	son		
	S. WAS DECEASED EVER	IN U.S. ARMED FOR I yes, give wor or dotes of to			. INFORA			Addre	e 33		
L	No				Charl	es J. O'Br	ockie	- same			
		H [Enter only one co							IN	TERVAL BE	TWEEN
-1		H WAS CAUSED BY IMMEDIATE CAUSE (o	MU	LTIPILE	0	LEROSIS	5			4 >	EDAS
	343 X	DUE TO									
	Canditians, if on)								
	cause (a), stating th										
	lying cause last.) (c)								
	3					ELATED TO THE TERMIN			EN IN PART 1(o)	PERFO	RMED?
		UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER	206. DESCRIBE HO	W INJURY OCCUR	RED. (Enti	er noture of injury in Po	ort I or Port	If of item 18.)			
	20c. TIME OF INJURY Hour o.m.	Manth, Day, Yes			PLACE OF	INJURY (Home, form, reet, office bldg., etc.)	20f. (City	or town)	(County)	(Stote)
	p. m.	19		work	1001017, 1	rear write olog., etc.)					
	21. I certify the	it I attended the	deceased from	n5	718	1952, to	11/20	1966	,that I last s	aw the	decensed
	alive on	11/1	1966.	and that dea		rred at 9-25/	M from	the couses of	nd on the de	ate state	d above
		1 0	U	- 1				eet, city or town, s			ATE SIGNED
	ACTUAL	1. Brad	in Ami	4	мъ	8471 FT	- 5m	TALL WOO	n ROXI	2 /	1/2/1/66
	PHYSICIAN'S NAME (Type)	1. BRABY	SMIT	H		PASA	0511/1	Mo	34 5. 5. 5. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	and the state an	
2	20. BURIAL CREMATION	, 226. DATE THEREO	F 22c, N	AME OF CEMETERY	OR CREA	ATORY	22d. LOCATI	ON (City, town, or	(County)	{State	A
	REMOVAL (Specify) Burial	11-23-19		ly Cross			Ritchi		A.A.Co	,	
2	3. FUNERAL DIRECTOR'S			DRESS			BY REGISTR	AR 246 REGIST	TRAR'S SIGNATU	,	
1	George J. G	once-4001	Ritchie E	igwy.,Bal	timor	MET 13 June 2	5 1966		res Jud	1Co	

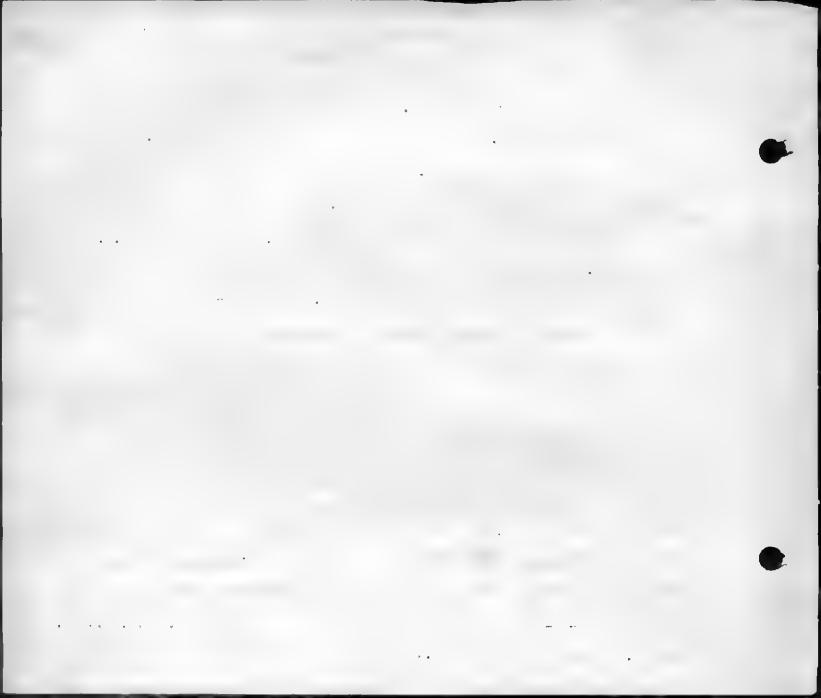
*TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death." Page may be retained, the hospital or attending physician.

O FUNERAL DIY

OR: After this certificate has been signed by the attending physician and commetely filled page 3 should stacked for use as the burial-transit permit. Then please remove carbon pages. Pages 1 the registrar prior a burial, cremation, or remayal, and in any event within 72 hours after description. TO FUNERAL DI

y the funeral director, 2 shauld be filed with

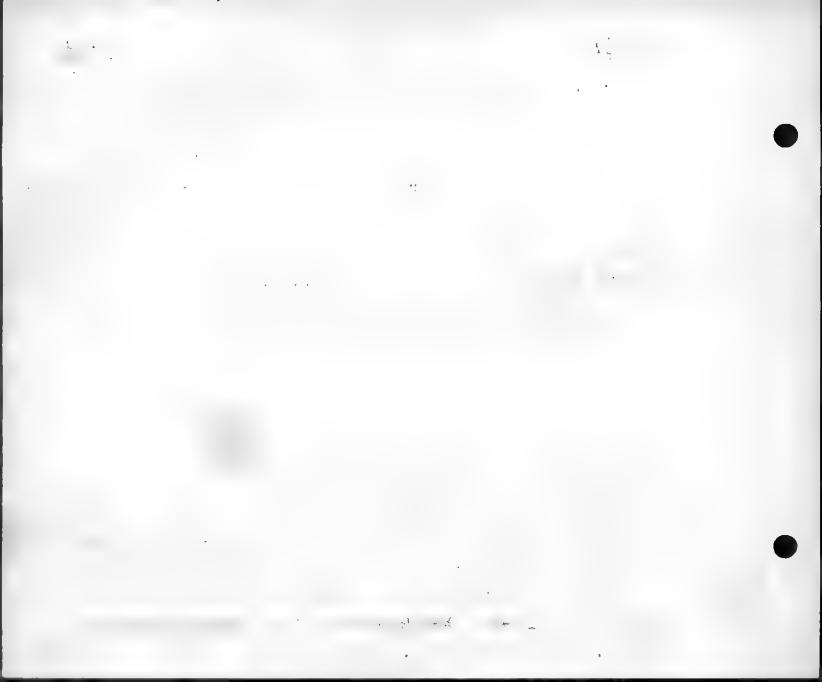
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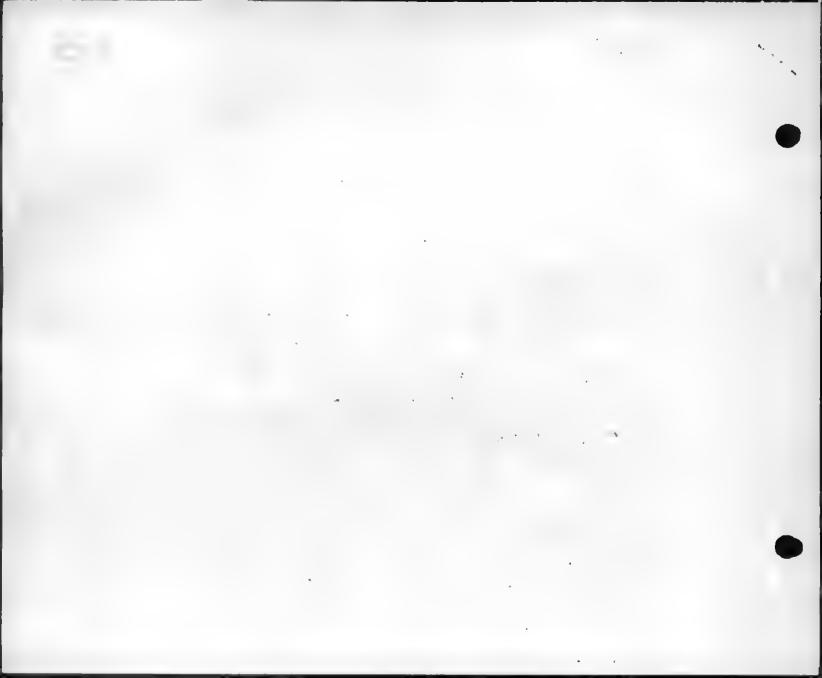


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15121 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND papers. Pages 1 hin 72 haurs after by the fi b CITY OR TOWN (If outside corparate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pasadena Annapolis filled in l d STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? Anne Arundel General Hospital Box 246 B. Rt. NO YES DATE pou 3 NAME OF Middle Lost Month event, wit Doy Year and completely DECEASED Eleanor PEARMAN 6 DEATH November 19 66 9 (Type or print) S. SEX AGE (n years IF JNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** remave Months Dovs Hours d in any DIVORCED WIDOWED Female Negro 1Do US_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) attending physics in Theoretics and It during most of working life, even if refired) INDUSTRY COUNTRY? U. S. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Miller Clara Jackson WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, signed by the c burial-transit p burial, crematia CAUSE OF DEATH (Enter only one couse per line fos-(a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES [NO TO FUNERAL DIRECTOR: After this certificate 2Do. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 2Dr. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. White Not While at work at work 21. I certify that (I) (this hospital) attended the deceased fram 19 66, that (1) (we) last director, page 3 shauld shauld be filed with the from causes and an the date stated obave. saw the deceased alive an 1966, and that death occurred at 22o. SIGNATURI 22b. DATE SIGNED ATTENDING STAFF M.D PHYS DIRECTOR PHYS 22d ADDRESS TO HOSPITAL Page 4 may h 228. PHYSICIAN NAME (Type) man NAME OF CEMETERY OR (REMATOR) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREO! (County) (Store) Buria T emChuch Yard Barinte mamendelt vMd 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) saiah L. Brown and Son-IO8-W. Momtgomery SDATE 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15122 CERTIFICATE OF DEATH deoth. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. ond 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY ve corbon papers. Pages 1 event, within 72 hours after MARYLAND Anne Arundel b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie Glen Burnie e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS pmpletely filled in #105 Chestnut Lane N/W NO A North Arundel Hospital Middle 4 DATE Month 3 NAME OF First Day Year DECEASED 0F 66 Petticrew November Lauise (Type or print) Lucy AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** ost birthday) Hours April 6,1912 White WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR during most of working ite, even if retired)
Housewife LI SA. INDLSTRY. Own Home Ohio 60 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending phys buriol-transit permit. Then p buriol, cremation, or removal, Lulu Heaton Walter Huffman the ottending passit permit. The 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates at service 301-09-9170 Mr. James M. Petticrew (Husband) Same Mone INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be refained by the hospitol or attending physicion. DUE TO cardeal Failure Canditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? WEDICAL CERTIFICATION NO (CLAU) YES 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Port || of Item |B.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or tawn) (State) (County) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office bldg , etc.) While Nat While at work at wark 1961 to 11-21 , 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an 11-14 1966, and that death accurred at PPM, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF clemps m M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c PHYSICIAN'S WACOBSUN HEISTERS TOWN F21 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g, BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Springfield Ohio Ferncliff Cemeterv 2So. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Glen Burnie, Md. Singleton 20 M 1/66 Richard V.



FOR STATE DEPT necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page deloy is gages I and 2 w th the State Department of n omy event w thin 72 hours ofter death This certificate shauld be executed within 24 hours ofter death. If TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm Heolth or its designated agent, prior to burial, cremation, or removo

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

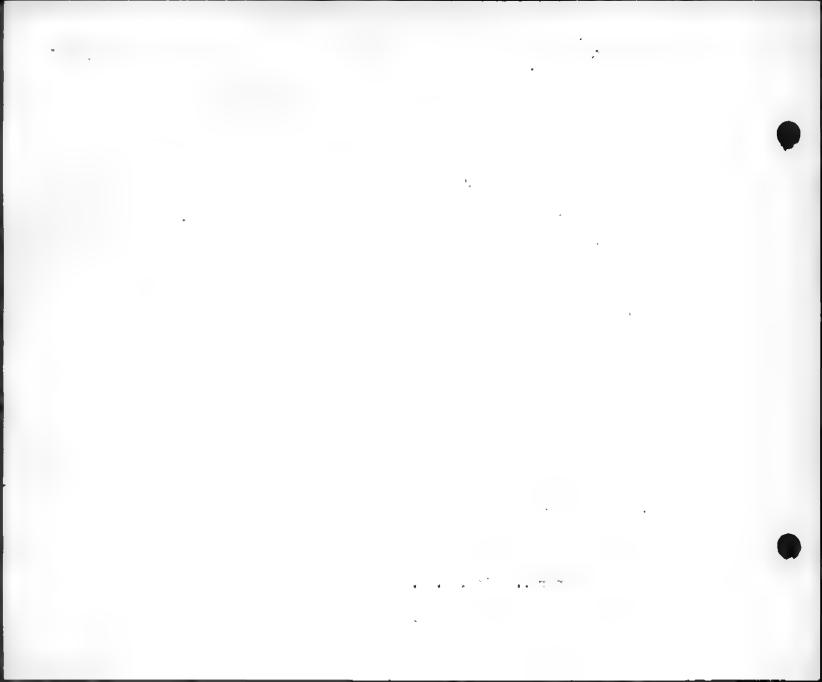
-	15123 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15123				
1	o. COUNTY and arrended - MARYLAND	2 USUAL RESIDENCE (Where deceased ved, if notifution Res o STATE Mary Land b. COUNTY	dence pefare admiss an)				
	b CTY OR TOWN (If autside corporate limits c LENGTH OF STAY IN 1b write R. RAL and a very arest town) Fernala Le	Ballinose					
/	NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	311 Columbia Road	e IS RESIDENCE ON A FARM? YES NO				
	3 NAME OF DECEASED (Type or print) Raymond	PITTS DEATH MONTH	Day Year 7 1966				
	- The Burney	/27/37 last birthday) Month					
	100 USCAL OCCUPATION (Give kind of work done during mastel-page life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY	Baltimore Maryland	CITIZEN OF MHAT				
	JAMES PITTS	ANNIE					
	1S WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) MX 16 SOCIAL SECURITY NO MX	rs Rose Pitts 311 Columb	ous Rđ				
	The cause of Death (Enter only one cause per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c)		NTERVAL BETWEEN ONSET AND DEATH				
	PART I OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		19 WAS AUTOPSY PERFORMED? YES X NO				
	E PRIMARY OF CONTR BUTING Hung Self in Ta		tation				
	Googn 11/7/1966 of work of work of work	CE OF INJURY (Home, form 20f. (City or town) ory, street office bidg., etc.) Fernilale a	(County) (State)				
	21. I certify that I took charge of the remoins described obove, he death resulted from. Notural causes, Accident, Suici	ide 📝, Homicide 🔲, Undetermined manner	, and in my opinion				
	ACTUAL SIGNATURE MCSMC, L. S.	CHIEF MEDICAL EXAMINER M.D. ASS STANT MEDICAL EXAMINER	22. DATE SIGNED				
	EXAMINER'S Werner U. Spitz, M. D.	Address (Street, city, town, or county)	8 1966				
	23b BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR Mt ###################################	CALVARY A A COUNTY	(County) (State)				
	24 FUNERAL DIRECTOR HALSTEAD 1206 W North A	e DATE NOV 14 1956 JC	is signature Judge				

VR A15ME (5) 6M 1/66

far your files.

5 moy be retained

TO DEPUTY MEDICAL EXAMINER:



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15124	CERTIFICATE	OF DEATH		15124				
1	PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceased lived, if institution: Reside	nce before admission)				
	Anne Arundel	MARYLAND	o. STATE b. COUNTY Anne Arundel						
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		utside carparate limits, write RURAL and giv					
	write RURAL and give nearest town) Glen Burnie	4days	Mille	ersville					
Г	d NAME OF HOSPITAL OR NSTITUTION (If not in haspital,	give street address)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?				
	N. Arundel Hosp.		Brooki	pod Rd.	YES NO V				
3	NAME OF First	Middle	Last	4 DATE Month OF	Doy Year				
	DECEASED (Type or print)	Floyd	Price.Sr	DEATH November	6. 19 66				
S	SEX 6 COLOR OR RACE 7. MARRIED	A ME A PER MANAGEMENT	DATE OF BIRTH	9 AGE (n years IF JADER	Days Hours Min				
	Male White WIDOWED	DIVORCED []	ov. 22,190	J5 60 yrs					
10		IND OF BUSINESS OR	, ,	& State, at foreign country) 12 C	ITIZEN OF WHAT				
U.	ring most of working life even if retired) Md	· Nat'l Bank	Berkeley	Springs W. Va. 1	OUNTRY? J.S.A.				
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	William L. Price		Josephir	ne Gibbs					
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (If yes give war ar dates of service)	SOCIAL SECURITY NO. 17 II	NFORMANT	Address					
1,	No None 2.	14-05-4194 MI	s. Gayle F	Price (wife) Same	e As #2				
	I R CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary Thromb	osis		ONSET AND DEATH				
П	r 🗶 v. i DUE TO								
П	Conditions, if any, which gave (b) (b)								
	stating the underlying couse DUE TO								
	last. (c)				19. WAS AUTOPSY PERFORMED?				
1 3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
I	Metaestatic Carcinor	na of Rectum	159		YES NO				
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Part I or Part II of stem 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d II		E OF INJURY (Home, form		ounty) (State)				
WE	Hour a.m. While p.m. 19 atwar	Not While Grace	ory, street, office bldg., etc.	'					
	21. I certify that (!) (this haspital) atten	ded the deceased tram <u>r</u>	August ,	19 <u>63, to November, 19</u>	<u>66</u> , that (I) (we) la				
П	saw the deceased alive an Nav. 6	19 <u>66</u> , and that	death accurred at	2-13 Myram causes and an					
	220. SIGNATURE PMRCDant	reld MO m.	4111101	MED. STAFF 22b. NO.	v. 7,1966				
	22c. PHYSICIAN'S NAME (Type) C. R. Mac Dona	ald M.D.	22d. ADDRESS 204 C:	rain Hwy. S/W Gler	n ^B urnie, M				
2	G BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(Caunty) (State)				
	REMOVAL (Specify) BUTIAL NOV. 9.1966	Hillcrest Bu	rial Park	Cumberland Mary	yland				
	4 FUNERAL DIRECTOR Single		I Halfill E.		SIGNATURE				
2	wegana Bothermany GI	en Burnie. Mar	evland DATE	10V 9 1966 Jalie	me Judge				

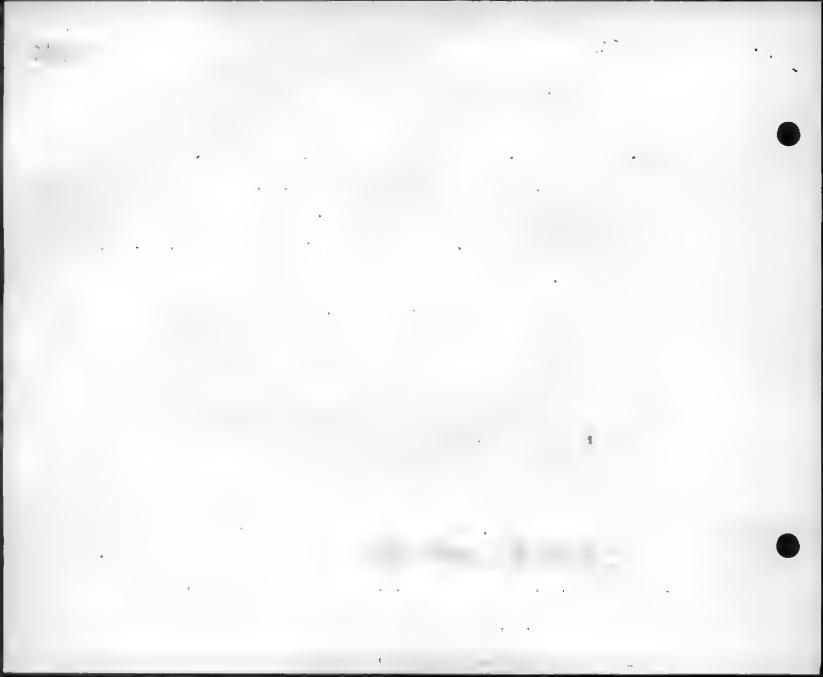
VR A15 (4) 1 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the Stote Dept. of Heolth prior ta buriol, cremotion, ar removal, and

Page 4 may be retained by the hospital or attending physicion

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death.

move carbon papers. Pages I and a con event, within 72 haurs ofter death completely filled in by the funeral rove carbon papers. Pages 1 and

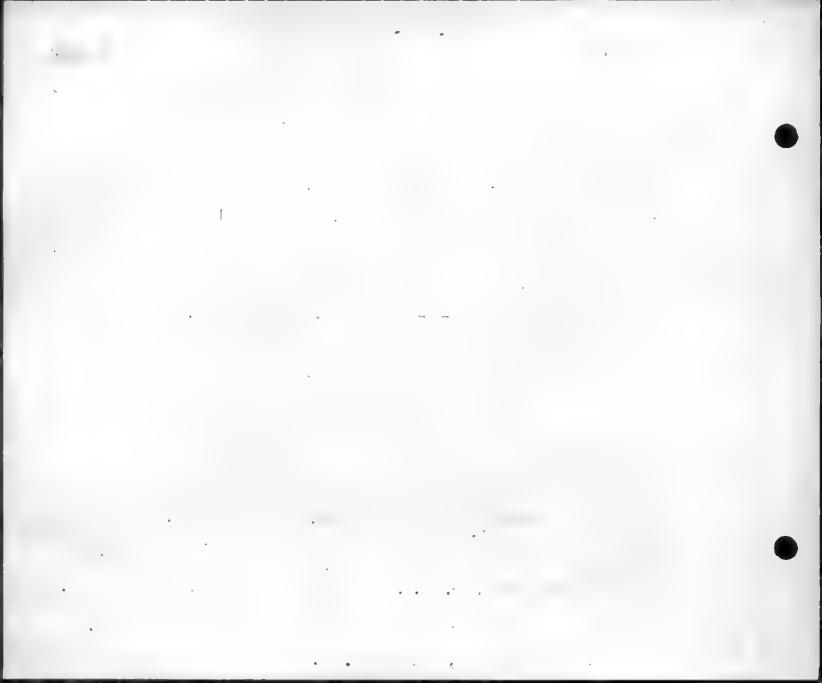


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15125 CERTIFICATE OF DEATH eath. certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **B. COUNTY** MA FYLAND ANNE ARUNDEL ANNE ARUNDEL MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CLTY OR TOWN (If autside corparate limits, write RURAL and give nearest town) papers. Pag. write RJRAL and a ve nearest town) 5 HOURS FT GEORGE G MEADE ODENTON e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS and in any event, within 72 KIMBROUGH ARMY HOSPITAL RT 1 BOX 307 BUCKLINA NO XX 3 NAME OF 4 DATE Month First Middle Last DECEASED CALLISTA v PROSEY NOVEMBER 8 (Type or prent) DEATH IF LINDER 1 YEAR IF LINDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED X 0 NEVER MARRIED 51 birthday) Months 25 DEC DEMARKS GAU WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA HOUSEWIFE BALTIMORE MD 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, EARL FRANTON CALLISTA FITSPATRICA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates at service) JACK D PROSEY SAME AS 2D NO UNKRIUMA crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: METASTATIC CARCINCOMA OF LUNG **EMMEDIATE CAUSE (a)** DUE TO BREAST CARCINOMA 3 YEARS Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? of Health NOX 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20d INJURY OCCURRED (County) foctory, street, office bldg , etc.) Haur o.m. Not While at work 21. I certify that XI) (this hospital) attended the deceased fram 8 NOV sow the deceased salve an 8 NOV 19 on that death or 19**66** to 8 NOV 1966 , that XI) (we) last NOV 19 66, and that death occurred at 1105PM, from couses and on the date stated above. sow the deceased alive an_ TO FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 9 NOV 66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S DONALD E PARLEE, CAPT, MD KIMBROUGH ARMY HOSPITAL NAME (Type) 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION (Stote) Nov. 11.1966 Epiphany Episcopal Ch.Cem. _Odenton erley E. Hopping, 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 S NOV 1966 HOPPING FUNERAL HOME



. 21		TOTA)		CERTII	FICALE	OF DEATH			15	126	
requires that the death certificate be executed within 24 haurs after death a physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 5 burial, cremation, or removal, and in any event, within 72 haurs after death	Ī	. PLACE OF DEATH o. COUNTY	A			2. USUAL RESIDENCE (1 a. STATE	INTY					
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by Agric			d give negrest town)				RURAL -	Pas	sadena	1	: ./	
Thomas in the second of the s	.0	d. NAME OF HOSPI	TAL OR INSTITUTION (IF n	ot in hospital, gi	ve street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?	
e death certificate be executed within 24 haurs after attending physician and completely filled in by the fur permit. Then please remave carbon papers. Pages I approver, and in any event, within 72 haurs after	2		e Arundel I	General			Rt. 1	, Box	66B		YES NO	
手 予 2.4	3	NAME OF DECEASED	F	irst	Middle		Last	4 DATE OF	Mar	oth De	by Year	
d w arb		(Type or print)	Mic	hae l	Paul		RASPA	DEATH	Novembe		19 66	
mpl /e c	[5	. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	3 C	DATE OF BIRTH	9	AGE (In years	Months Days		
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fica ysic ple al, a		3 FATHER'S NAME					14. MOTHER'S MAIDEN					
ph ner nav	1	Ti .	rank Ras	in the second			Ang	elin	Montifer	renti		
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address										
affending permit.) [(Yes, na, arunknawn) (If yes give war ar dates of service) Yes WW 11 216-12-3439 Mrs. Gertrude Raspa, same as 2										
a de la de l		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN										
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equires I physicia signed b burial-tr burial, c		Conditions, if on		(b)	2.0	7.0	1.1.1	/2 ~ ~				
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PHYSIC haspit is certi tached Dept. af			MEDICAL EXAMINER)		WIRL ACCURACE	I as si a	Ne AP III III II	Loor	15.		(6, ,)	
PH his his begin	2	20c. TIME OF INJ Hour o.		20d. IN. While	JURY OCCURRED Not While		E OF INJURY (Home, farn ary, street, affice bldg., etc.		(City or town)	(County)	(State)	
by the has ifter this ce be detache State Dept.	1:	р	m. 19	ot work	at wark							
= D ~ T 0	1	21. I cert	21. I certify that (I) (this cospital) attended the deceased fram Oct. 23, 1966 to Nov. 8, 1966, that (I) (see last									
age age			saw the deceased alive an Nov. 8 19 66, and that death accurred at M, fram causes and an the date stated above.									
OR ATTEN be retained DIRECTOR: le 3 shauld ed with the		220. SIGNATURE D 22b. DATE SIGNED										
be r be sed v			Chen	V /61	22,11	/ M.C		DIRECTOR	STAFF PHYS [<u> 11/9/</u>	60	
AL I	7	22c. PHYSICIAN' NAME (Type		and a To	W D		100 Cathe	dral	St. Anr	anolie	Ma .	
TO HOSPITAL OR ATTENIC Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	_		Edwill De									
S age to a		30. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEN			23d. LC	OCATION (City or T		ty) (Stote)	
5 5 5 4 V	1	REMOVAL (Specific Burial		ov. 196	6 Holy R	osary	Cemetery		Baltimo		1100	
	13/2	24. FUNERAL DIRECT	DR .		ADDRESS			BY REGISTI		Clark		
VR A15 (4) 20 M 1/66	1,	Ka s	alchor Fanon	al Hama	Glan Ray	wnia	MAI DATE	NOV 1	4 1966	Theres	The state of	

Kirkley Funeral Home, Glen Burnie, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

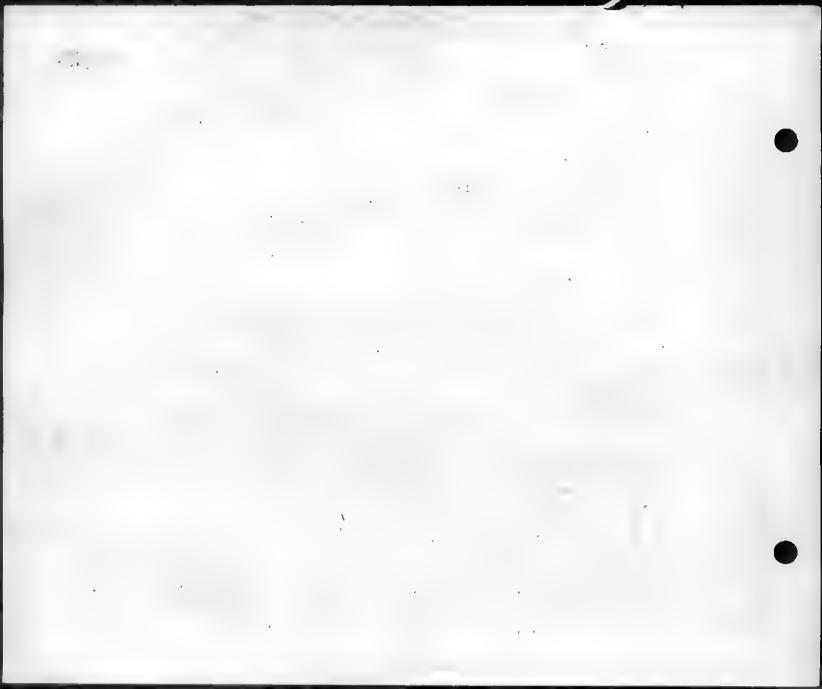
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CERTIFICATE OF DEATH

15127

_ 4		10101
5 5 Sun /	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
2 9 3	o. COUNTY	O. STATE MARYLAND b. COUNTY ANNE ARUNDEL
2-,5 /	ANNE ARUNDEL MARYLAND	PERILIPAND ANNUALIS
e S T	b CITY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pages or effe	write RURAL ond give nearest town) 10 hrs 54 mm	
≥d ≥ .	FT GEORGE G MEADE	THE POINT GROUND OF PREPARE
ا المانو ا	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
filled in popers. hin 72 h		7229-F HALL STREET ON A FARM?
erie i	KIMBROUGH ARMY HOSPITAL	YES NO
	3 NAME OF First Middle	Lost 4 DATE Month Day Year
<u>> 0 3</u>		
pletely f carbon ent, witl	(Type or print) MICHAEL I TYRONE R	IVERS DEATH NOI/ 2 1966
completely nove carbon y event, w		B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
E & &	THE SER MARKIES	lost highdright Months David Starres St.
2 6 5 E	MALE NEGRO WIDOWED DIVORCED	2 NOVEMBER 66 lost birthday) Months Doys Hous 514
and com remove in ony ev	100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	
=	during most of wyrking life, even if retired) INDUSTRY,	11 BIRTHPLACE (County & Stote or foreign country) 12. C TIZEN OF WHAT
10 S D	N/A N/A	ANNE ARUNDEL, MARYLAND COUNTRY A
rsicion of please	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
physicion en please oval, ond i		14. MUTTERS MALUEN NAME
Ang phy Then removal	WALTER RIVERS	MARVA COOPER
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
40.75	Yes, no, or unknown) If If yes give wor or dotes of service)	
n, or re	No N/A N/A	WALTER RIVERS
-6-w -	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
by the ransit p crematic	PART I. DEATH WAS CAUSED BY:	ONSET, AND DEATH
T S E	MMEDIATE CAUSE (0) Convaco	y lolles similare 12 ks.
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교고를 기계	DUE TO B	
signed burrat-1 burrat-1	Conditions, if ony, which gove) (b) Closechilled	C memulinely
- <u>5</u> 25 .	rise to immediate couse (a), DUE TO	
C 0 0	stand the audershing conse f	(/
s th	las† (c)	
s s s s s s s s s s s s s s s s s s s	PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/m 19 WAS AUTOPSY
Se t	20	I PERFORMED?
certificate has been thed for use as the st. of Health prior to	200 ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTION [] CAUSE OF DEATH OF CONTRIBUTION [] CAUSE OF CAUSE OF CONTRIBUTION [] CAUSE OF	YES 🔼 MO 🗌
- F - C - C - C - C - C - C - C - C - C	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)
差生安	OR CONTRIBUTING CAUSE OF DEATH	7 (2.00)
- E e :		
is of	20c TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. P Haur o.m. 20d INJURY OCCURRED for the While Not While	LACE OF INJURY (Home, form 20f. (City or town) (County) (Stote)
革 音 口	Haur o.m. While Not While for	octory, street, office bldg., etc.)
or d	p.m. 19 at work ot work	2 NOV SNOV
, # 9 %	21. I certify that (I) (this haspital) attended the deceased fram.	720 PM , 19 66 , to 11 PM , 19 66 , that (1) (we) last
[™] = e = ·	saw the decoased alive an 2 Nov 19/6 and the	nat death occurred at 1055PM, fram causes and an the date stated above.
# 5 5 €		
E 長声	220. SIGNATURE)	22b. DAJLSJGNED
<u>₩</u> ~≥	Kala T the Cullan W	M.D. ATTENDING DIRECTOR DIRECTOR PHYS D 3 Nov. 66
<u>a</u> e e	22c. PHYSICIAN'S	22d. ADDRESS
# 8 F	NAME (Type) ROBERT F. CULLEN, CPT, MC	Kimbrough Army Hosp, Ft Geo G. Meade, Md
مَي بِي	were (1789) MODERAL P. COLUMNY, OF 1, 140	TITEDIOUGH AIM HOSPITO GEO G. Meage, Ma
TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached is should be filed with the State Dept. of	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City or Town) (County) (State)
	DEMOVAL (Specific)	
0 5 4	BURYAL (Specify) NOV.7,1966 ARLINGTON NA	TIONAL CEM. ARLINGTON, VIRGINIA
H	24. FUNERAL DIRECTOR ADDRESS A	256. REGISTRAR 256. REGISTRAR & SIGNATURE
VR A15 (4)	~1 000 Word 550 Wille	~ ~ ~ ~ NION 3 8 1960 /F
20 M 1/66	Alpinala Illinale. I mus	DATE NOV 20

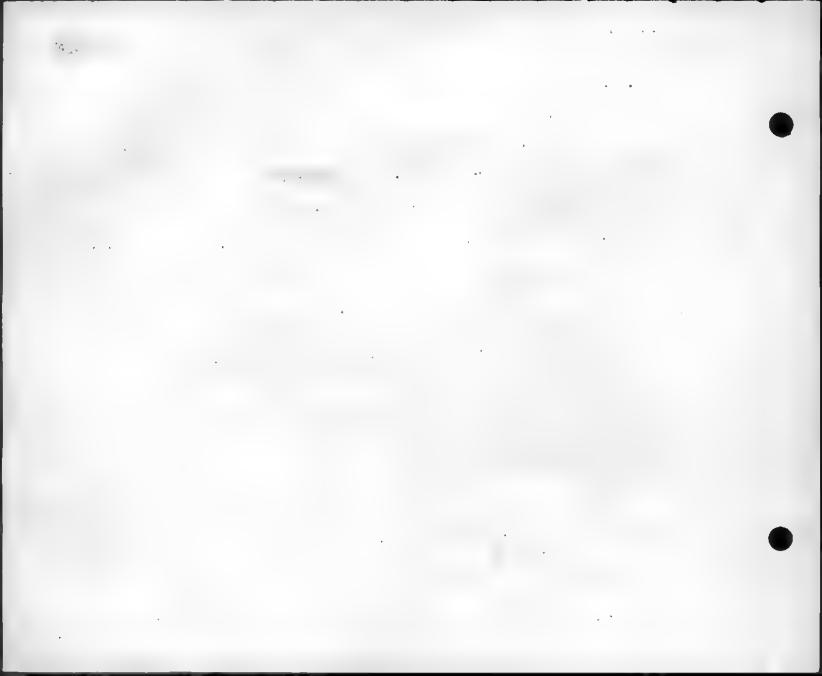
10 HOSPITAL RR ITTENDING PRYNICIAN: The low requires that the deoth certificate be executed within 14 hours after deoth. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4 20 M 1/6



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apd 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dealh certificate be emecated within 24 hours after Meath. Rage 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
	15128 CERTIFICATE		5128					
1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	sidence before admission)					
_	A. A. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	Maryland c. City or Town (if outside corporate limits, write RURAL a	and give nearest town)					
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?					
	North Arundel General Hospital	3523 Chesterfield Ave.	YES NO					
Э.	NAME OF First Middle DECEASED (Type or print) The lms M.	Roberson 4. DATE Month OF DEATH November	18, 19 66					
	C. INSKATED A REVEN INSKATED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Inst birthday) Jan. 23. 1926 19. AGE (In years IF UNDER 1 Inst birthday) Months If Under 1 Inst birthday)	YEAR IF UNDER 24 HRS. Days Hours Min.					
10a dur	B. USUAL OCCUPATION (Give kind of work done Industry Indu	COL	IZEN OF WHAT JNTRY?					
13.	FATHER'S NAME	West Virginia II.S	5.4.					
	Lawerence Smith	Ethel, Watson						
15 (Ye	es, no, er unkown) (If yes give war or dates of service)	INFORMANT Address						
Ĩ	No Mr 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	Marian Hoberson as above	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Clarke Heart To	alline -	ONSET AND DEATH					
	Conditions, if any, which gave rise to Immediate (b)	a-Col-Bulmoke.						
	cause (a), stating the DUE TO underlying cause last, (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED? YES NO					
CERTIF	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor a.m. While Not While at work 19 at work 1	CE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)					
2	21. I certify that (I) (this hospital) attended the deceased from	11/9 , 1966, to, 19	, that (I) (we) last					
	saw the deceased alive on 19 66, and that	t death occurred atM, from the causes and on th	e date stated above.					
	E HALLEN M.D.	ATTENDING MED. STAFF	1/19/66					
	PHYSICIAN'S NAME (Type) DR.E.M.RAMOS	342) annapolis Pd.	- -					
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 11/21/66 Moreland mem		nty) (State)					
24	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE LINE					
1	Valleam & Dichner Nova north + Va	DATE NOV 2 1 1966 floor	00					



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I = 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal and so went, within 72 hours after deather TO HOSPITAL OR ETTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 100

		19173			CERTIF	ICATE	OF DEATH				9129	
	1 [PLACE OF DEATH					2. USUAL RESIDENCE (\		lived, if institut	ion: Residence	before odmissi	on)
		b. COUNTY ANN	E ARUNDEL		MARY	'LAND	o. STATE MARY				ARUNDE	L
	1		f outside corporate limit	S,	c LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou		limits, write RU	-		
			dive negres; town)				CROWNS	VILLE		0.	70.	
	(BOX 14	8, Route #	ot in haspital, g L	(ive street address)		d. STREET ADDRESS BOX 14	8, Rou	te #1		e. IS RESI ON A F YES	DENCE ARM? NO X
1		NAME OF DECEASED		rst	Middle		Last	4. DATE	Man		Doy Ye	
		(Type or pant)		OHN	(IMI)		OMANOS	DEATH	NOVEM		2 19	66
	S. 3		6. COLOR OR RACE		NEVER MARRIED		AUG 1888	9. 1	AGE (In years last birthdoy)		EAR IF UNDER	R 24 HRS Min
		ALE	CAUC	WIDOWED	DIVORCED			0.51	78 Yrs	10 (1717	THURS WILLIAM	
	duri	ng mast of working I	(Give kind of work done ile, even if retired)	1/1	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			COUN	EN OF WHAT ITRY?	
)	_	Lawye FATHER'S NAME	r		JAW		Taganrog	Russ	.8.	USA		
	10.		nes Romano	g			Sotisa H					
	15.	WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17.	NFORMANT	azatuji		F morm c	ville,	Ma
	(Ye	s, na, ar unknown)	(If yes give wor ar dates	Manipage N	7-56-3481	Mr	s. Xenia M.	Jelich.				PICE
	Н		ATH (Enter only one cos	a				(P)	13032 3310	1	INTERVAL BE	
1			H WAS CAUSED BY- IMMEDIATE CAUSE	Danala	1 / 1 / 1 / 1 / 1	myo	cardial inf	Caction	1		ONSET AND I	DEATH
		100	DUE	1.4								
	Ш	Conditions, if any,		(b)								
	Ш	stating the under										
		last.	,	(c)			his reptional preside and	In the state of th	(N. B. B. M.)		I 19 WAS AUT	Ancy
7	AFron	PART II. OTHER SIC	SNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT REL	AIED TO	THE TERMINAL DISEASE CON	NDIIION GIVEN	IN PAKI I(0)		19 WAS AUT PERFORN YES []	NO K
	CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I		205. DE	SCRIBE HOW INJURY OF	CCURRED.	Enter nature of injury in	Part I or Part II	of item 18.)			
	MEDICAL	20c. TIME OF INJU Haur a.m	10	20d IN While at wark			E OF INJURY (Hame, farm pry, street, office bldg., etc.)		(City or town)	(Count	γ) ((Stote)
	П	21. I certif	y that XXXXXXX	ADDOXADO	Miche deceased	MAX	AS DOA .	XX, 10_	12 NO	L, 1966	, XIMXIMX	NO DO CANK
	П				}\∂ x	and tha	death accurred at	8:15M	from causes			d abave.
		22a. SIGNATURE	7.41.6	Sol	inson	M.I	411121	MED: DIRECTOR [STAFF PHYS.	22b. DATI	ION 99	
,		22c. PHYSICIÁN'S NAME (Type)	NEIL A. R	OBINSON	,CPT,MC		Z2d ADDRESS KIMBROUG	H ARMY	HOSP, F	GEO G	MEADE	,MD_
	230	BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	TION (City or To	wn) (C	ounty) (S	itote)
		BURIAL (Specify)		,1966	St.Stephe	ns C	hurch Cemet	ery Mil	lersvil	le. Ma	ryland	
		FUNERAL DIRECTOR	wade,550 Wa	ash.Blv	ADDRESS		2So RECT	BY REGISTRAN	1966 ^{25b.}	CORPER SE	Ajuludy	ie.

VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH

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8		D. COUNTY Anne 1	Frande (MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, i	institution: Residence before COUNTY	re admission)
		b CITY OR TOWN (If outside corporate Hmits, write RURAL and amplicatest town)	le Baths	Cleve and	vrite RURAL and give neare	st town)
/.	(d. NAME OF HOSPITAL OR INSTITUTION (If not i	n hospital, give street address)	d STREET ADDRESS	Rd	e. IS RESIDENCE ON A FARM?
C	2	NAME OF PERST	Middle	lost and 4. DAVE	M-nl D	AEZ NO N
		DECEASED (Type or print) Hbe	2 52	rcheroff DEATH	Wev. 27	th 1966.
	S. :	SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BURNAL 9 AGE (In lost birth		Hours Min.
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BJRTHPLACE (County & State, or foreign count	ry) 12 CITIZEN O COUNTRY 1	
	13.	FATHER'S NAME Max So	charall	14. MOTHER'S MAIDEN NAME		
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of s		HOSpital Record	Address .	
		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	Of Land	embolièm		IERVAL BETWEEN ISET AND DEATH
		Conditions, if ony, which gove) (b)	4	i of lower expe	unties -	
		nise to immediate couse (a), stating the underlying couse (c)				
ys.	VEION	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART		WAS AUTOPSY PERFORMED? YES NO X
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of iten	18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work	CE OF INJURY (Home, form, 20f. (City or ory, street, affice bldg., etc.)	own) (County)	(Stote)
		21. I certify that (I) (this hospi saw the deceased alive on	tol) attended the deceosed fram_ 11// 271966, ond tha	8 / 6 , 1966, to // t death occurred ot# 1/52M, from		hat (I) (we) last te stated above.
		220. SIGNATURE	oneps MI	D. ATTENDING MED. STA		166.
/		22c PHYSICIAN'S NAME (Type) AIVEN	Thompson	Crowns villo	State Hos	spolal.
	230	BURIAL, CREMATION, 23b DATE THERE REMOVAL (Specify) 12-121	OF 236 NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (C	ty or Town) (County	(Stote)
	24	. FUNERAL DIRECTOR	Annaporres, Mar	vland 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	RE
1		William Reese II			4	41,77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending envisician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law, requires that the death-eartificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4)



VR A15 (4) 20 M 1/66

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH

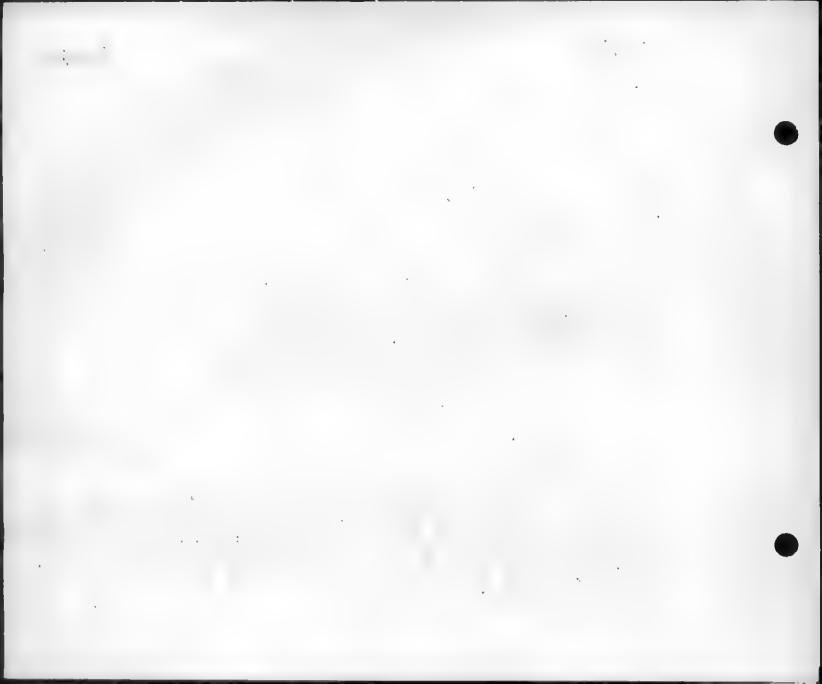
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15131

CERTIFICATE OF DEATH

15130

	PLACE OF DEATH					(Where deceased		Residence before odmission)
6	o. COUNTY	Anne Arunde]	MARYLAND	o. STATE Mary	land	b. COUNTY	Anne Arundel
	b. CITY OR TOWN (if	autside carparate imits,		c LENGTH OF STAY IN 16			timits, write RURAL	and give nearest tawn)
		give negresi tawn)				dvside		
		L OR INSTITUTION (If not	in hospital ne	ve street address)	d. STREET ADDRESS	2 y 3 1 U C		e IS RESIDENCE
3								ON A FARM?
	3 NAME OF	rundel Gene	rai nos		<u> </u>	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		YES NO NO
	DECEASED	first		Middle	Fast	4 DATE OF	Manth	Day Year
	(Type or print) \$ SEX	Ricl		Thomas	SCOTT		ovember	30 1966
			ſ	NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEAR If UNDER 24 HRS.
	Male	Negro	WIDOWED [DIVORCED	December 22	- 1	79 Y'S	
	10a LSUAL OCCUPATION during most afficiently in			D OF BUSINESS OR USTRY	11 BIRTHPLACE (Count	y & State, or fafeig	iu conușt.A)	12 CITIZEN OF WHAT COUNTRY?
		e e e e e e e e e e e e e e e e e e e	IND	03161		Mary	land	U. S.
	13 FATHER'S NAME	0 0	10.	1	14 MOTHER'S MAIDEN	NAME /	11	
	KICI	rond.	10	011	URAM	OF 1	MALLE	1111
	15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16 SC	OCIAL SECURITY NO 17	INFORMANT	21.1	poplati	0 000
	(Yes, no, or unknown)	If yes give war or dates of s	ervice) Z/	8-16-1551 /	achel	MULCI	CASHLE	aduraldik
	1/18 CAUSE OF DEA	ATH (Enter only one couse			4			INTERVAL BETWEEN
	PART I. DEAT	WAS CAUSED BY. IMMEDIATE CAUSE (o	7.	- G B	ellearnea.			ONSET AND DEATH
	300	DUE TO)	0 01/0		.11 -		13
1	Canditions, if any,	which gave) (h	Cereb	ral Thrombox	in Est. be	millegea	+ affrage	- Ore morela
	rise to immediate stating the under	couse (o), DUE TO	0					
	kast.	ying couse	Cerel	ial arter	iocelerosis	1		years
	PART II. OTHER SIG	HIFICANT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN I	N PART I(o)	19. WAS AUTOPSY
	DASS. /	Lulinona		Verculosis				PERFORMED?
	20g ACCIDENT WAS	IINDERLYINGET	-	TRIBE HOW INJURY OCCURRED			of stem 181	112 [] 110 [8]
	OR CONTRIBUTING	CAUSE OF DEATH	203. DESC	KIDE 13011 INJOKT OCCURRED	, temas norone or injury in	ruii e us ruii ii	or nem 10.)	
	20c. TIME OF INJUIT	RY Month, Day, Year			ACE OF INJURY (Home, fare		City ar town)	(County) (State)
	P.m.	1.6	While at work	Not While of for	ctors, street, affice bldg , etc	-1	11 - 20	11
	21. I certif	y that (I) (this haspi	tat) attende	ed the deceased fram	run	19.60, tal	V07, 30	, 19 6-6, that (1) (we) last
		ceased alive on/	Vovas		at death accurred a	tM	fram couses one	d on the date stated above.
	220. SIGNATURE	· 111 / c	£ 6	: //	ETTENDING			22b DATE SIGNED
	10	ellara (1	Kn	ITTL. N	L.D. PHYS	MED. DIRECTOR	STAFF	11/30/66
	22c. PHYSICIAN'S	1111/	711.	1/ 1/11	22d. ADDRESS	Shad	C:/-	del
	NAME (Type)	Willard	1-0	mith ML		Jack	0198	1041
	230. BURIAL, CREMATION	, 23b. DATE THERE	OF	23c. NAME OF CENETERY OF	CREMATORY	23a LOCA	IfON (City of Tawn)	(Refunty) (Style)
	REMOVA (Specify)	6/2-2-	1966	XT38/18	Meno	XM	ellys	well me
	24. FUNERAN DIRECTOR			ADDRESS	3/ // 250. REC	D BY REGISTRAR		RAR'S SIGNATURE
1	11/10/10	mkeese	#/	MAMAGI	DATEDE	C 2 1	966 ACL	wares Judge
14	UV-LIV	// 1	11:12			<u> </u>	VVV //	-/- 87

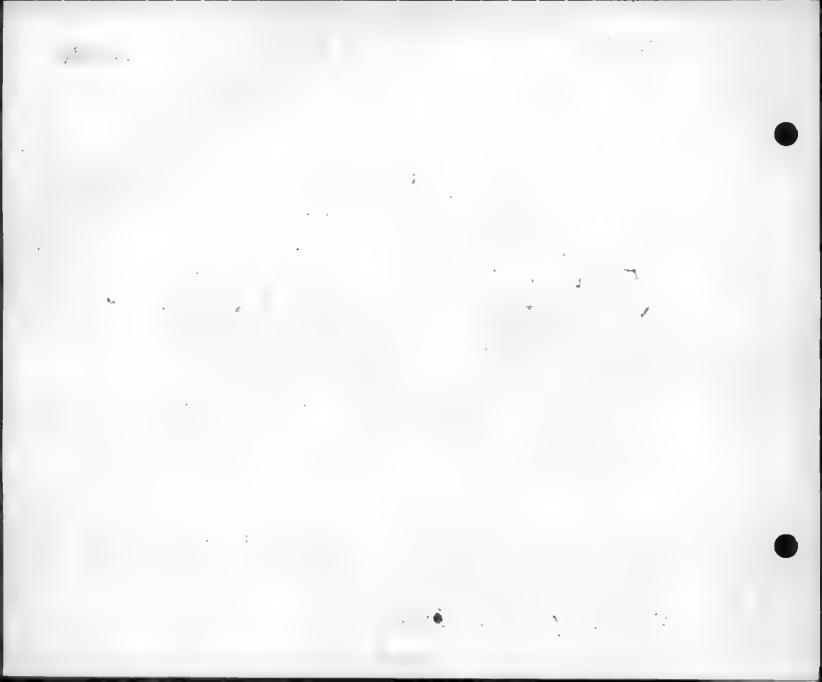


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1919%	CERTIFICATE	OF DEATH	1	5131
PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceo O. STATE	sed lived, if institution. Reside b. COUNTY	ence before admission)
Anne Arundel	MARYLAND	Maryland	Anı	ne Arundel
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outs de corpare	ate limits, write RURAL and gi	ve nearest town)
Annapolis		Annapol	is	(" (orcibrate
d. NAME OF HOSPITAL OR INSTITUTION (If not in	, , ,	d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?
Anne Arundel Gene		826 Boucher		YES NO
3. NAME OF First DECEASED	Middle	Lost 4, DATE OF	Month	Day Year
(Type or print) Willia S SEX 6 COLOR OR RACE 7.1	MARRIED X NEVER MARRIED 3 8		November AGE (In years IF UNDER	12 19 66 R 1 YEAR 1 IF UNDER 24 HRS
		bruary 21,1897	last birthday) Months	Days Hours Min
On USUA, OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11_BIRTHPLACE (County & State, or fo	reign country) 12 C	IT ZEN OF WHAT
during most of warking life, even if retired) CLUIL SERVICE	USITEL	HUNDONIS	MD.	OUNTRY? U. S.
13 FATHER'S NAME	~ /	14. MOTHER'S MAIDEN NAME	1	
FREDERICK .) EGELKEN	MARY E. VO	97	
15 WAS DECEASED EVER N.U.S. ARMED FORCES? (Yes, np., or unknown) (If yes give war ar dates of sen	vice) 16 SOCIAL SECURITY NO. 17 III	IFORMANT /	Address	<i>#2</i>
YES WWI	IMK	ARTHA C. DEG	PEKKEN +	
18/ CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.	er line for (o), (b), and (c))	•		INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	In unica	2 .	1.	51.0
Conditions, if any, which gave) 4 (h)	acut Kulm	mans Edu	na recure	3
stating the underlying cause DUE TO	Myor andi	e dul mes	in	3 hul
PART II OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
15/1/				PERFORMED? YES NO 4
2Dg ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF	205 DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Part I or Pa	rt II of item 18.)	
2Dc. TIME OF INJURY Month, Day, Year		E OF INJURY (Home, form 20f. ry, street, office bldg, etc.)	(City or town) (C	ounty) (Stote)
p.m	at work Tot work	4		/,
21. I certify that (I) (this hospito		death accurred qt		the dote stated above
saw the deceased alive on//	19 C, and that	uearn accurred qu		THE GOTE STATED ADOVE
Fraul Mit	tripley M.D	ATTENDING MED. PHYS DIRECTOR	STAFF D	7-12-66
22c PHYSICIAN'S FM SHI	PLEY	22d ADDRESS annual	iolir.	ned
23g BURIAL, CREMATION, 23b. DATE THEREOF		REMATORY 200 10	OCATION (City or Town)	(County) (Stote)
BREMOVAL (Specify) 11-15-6	6 CEDAR BL	477 HL	UAPOLIS	H.H. MD.
024. FISHERAL DIRECTOR	ADDRESS J. W	2So. REC'D BY REGIST	and the second	SIGNATURE
John 111. T/9/17 YOUS	Lungo ob, 11	CX e DATE INUV	7 1966 geli	arely judge.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15133 CE OF DEATH

CERTIFICATE OF DEATH

	1010	0		CERTI	IGATE	OI DEATH			151	RO
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased		Residence	before admission)
		Anne Arundel		MARY	LAND	o STATE Mary	land	P CONNIA	Anne	Arundel
Г	b. CITY OR TOWN (If autside corporate limits,	C.	LENGTH OF STAY II	N JP	c. CITY OR TOWN (If ou	utside corporote	limits, write RURAL	ond give n	earest town)
	Write KUKAL and	give negrest town)				Annar	colis			1
	d NAME OF HOSP T	AL OR INSTITUT ON (If pat	in paspitol, give s	treet oddress)		d. STREET ADDRESS				e IS RESIDENCE
A	(De	ead on arriv	AL/ Hognital			29 Sh	naw St.			ON A FARM?
	NAME OF	First		Middle		Lost	DATE	Month		Doy Year
	DECEASED (Type or print)	Anna		Marie		SHARPS	OF DEATH	Nevenb	er	15 19 66
	SEX	6. COLOR OR RACE	7. MARRIED TOT	NEVER MARRIED	8	. DATE OF BIRTH	9. A	GE (In years IF	UNDER 1 Y	
F	emale	Negre	WIDOWED	DIVORCED	<u> </u>	une 24, 192	24 1	as birthdoy) M	anths D	oys Hours Miri.
		(Give kind of work done		F BUSINESS OR		11. BIRTHPLACE (County				EN OF WHAT
	House	life, even if retired)	INDUST	KŤ			1	Maryland	coffin	.5.
13	FATHER'S NAME	1 /	972			14). MOTHER'S MAIDEN	NAME	1 -0/	11	
	hian.	lel (9100	MD	Į	Mark	L K	all		
IŠ		R M J S ARMED FORCES? (If yes give war ar dates af s	16. SOCIA	L SECURITY NO.	17.9	FORMANY/	10	Address	11.	nith
fi	es, no, ar unknawn)	(1) Yes give wat at pares at s	ervice		1/60	KNOEM	cel-	Menne	ley	24 JULI
Г	18. CAUSE OF DE	ATH (Enter only one couse	per line for (o), I	(b), ond (c))						INTERVAL BETWEEN
	PART I DEAT	TH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Conges	tive hea	ret fr	ilure				ONSET AND DEATH
		DUE TO								A MOUTOUR
	Conditions, if ony,		Mitral	valve i	nsuf	ficiency				1 vears
	rise to immediat stating the under)							
	lost		Rheuma	tic feve	r (2))				unknowa
_	PART IL OTHER SI	GNIFICANT CONDITIONS CON				HE TERMINAL DISEASE CON	NDITION GIVEN I	N PART 1(a)		19. WAS AUTOPSY
MEDICAL CERTIFICATION	Hyperten	sion, diabet	es mell	itus, di	abet	Le nephrose	lerosis			PERFORMED? YES NO
RTIFE	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	205. DESCRIB	E HOW INJURY OF	CURRED. (Enter nature of injury in	Part I at Part II	af item 18.)		
33	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
200	20c. TIME OF INJU Hour o.r	JRY Manth, Day, Year	20d INJURY While	OCCURRED Not While		E OF INJURY (Home, form ry, street, affice bldg., etc.)		City or town)	(Count	y) (State)
E	р.г	n, 19	ot wark 🗀	ot work			<i>'</i>			
		fy that (I) (thischespi								
		eceased alive on 8	Nov.	19 _66	and that	death occurred at	M,	fram couses an		dote stated abar
	220 SIGNATURE	-Class	le 101	1.		ATTENDING	MED. AFI	STAFF -	22b. DATE	SIGNED
	Charle		1700	no	N.D	PHYS. XXI	DIRECTOR L	J PHYS.	16 N	ov. 1966-
	22c. PHYSICIAN S NAME (Type)		Kinzer	M.D.0		SouthRivMe	edCent.	Edgewat	er,	Md.
				,						

23CM NAME OF CEMETERY OR CREMATORY

ADDRESS

23d/ LOCATION (City or Town)

REC'D BY REGISTRAR

DATNO

(County)

REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit then please remave carbon papers. Pages 1 and shauld be filled with the State Dept. of Health prior to burial, crematian, ar leasowal, and in any event, within 72 haurs after dept VR A15 (4) 20 M 1/66

BURIAL, CREMAT ON,

23b

DATE THEREOF

TO NOSPITAL OR ETTENDING PHYBICIAN: The lam requires that the death certificate be emecuted within 24 haurs after death

Tag 4 may be retained by the Cospital or attending plysician.



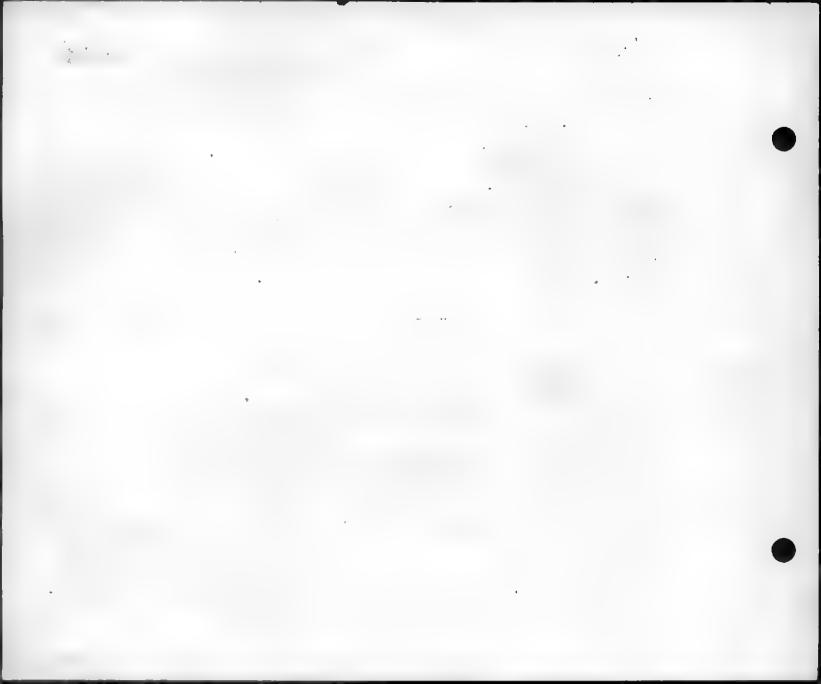
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	_ 15134 CERTIFICATE OF DEATH 15133	
Y 1/1:	PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Rasidence before edmisses 6. COUNTY A A COUNTY	on)
death.	MARYLAND O. STATE PENNA B. COUNTY LANCASTER	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
_	KNNAPOLS LMES CRIT EARL N.V.	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDEN ON A FAR	M7
3	VES NO [NAME OF , First Middle / Lest 4. DATE Month Day Year	<i>]</i> }-
	DECEASED (Type or print) HECTOR Smith DEATH NOU 1961	3
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR	
- 4	Wate while widowed by Divorced Nov 5 1876 87 yrs.	
9	Ob. USUAL OCCUPATION (Give kind of work foreign country) 12. CITIZEN OF WHAT COUNT fore during most of working life, even if ratirad)	RY7
13	3. FATHER'S MAINE 14. MOTHER'S MAIDEN NAME 1	w+
	William Smith Joan Paterson	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ves, no, or unknown) (Hyas give war or detas of service)	7
	168-01-9906 Was - very Frater 13 COENHIL OF, THANGEOLD, I'V	1
	18. CRUSE OF DEATH [Enter only one causa per line (pt a), (b), and (c).] PART I, DEATH WAS CAUSED BY: PART I DEATH W	
	IMMEDIATE CAUSE (a) WOOD JEWAN CHIEF WILLIAM CHIEF	
	DUE TO A OFFICE OF A STATE OF THE STATE OF T	799
	Conditions, if eny, which geve rise to immediate causa (b) Utility to the condition the condition to the condition to the condition the condition the condition the condition the condition to the condition to the condition that condition the condition	-
	(a), steting the undarlying out to causa last.	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPED PERFORMED?	
ICAT	YES NO [5
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part II of Pa	
MEDICAL	Hour e.m. While Not While factory, streat, office bldg., atc.) p.m. 19 et work et work	
_	21. certify that (i) (this hospital) attended the deceased from 10 - 27, 1969 to 1/, 1969, that (i) (we)	ast
	saw the deceased alive on 10 - 31, and that death occurred at M, from the causes and on the date stated above	е.
	22e. SIGNATURE ATTENDING & MED. STAFF 22b. DAT	NED E
	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	-
	NAME (Type) WI PSTEPHENS annapolic Maryland	
2:	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata)	=
_	BURIED , NOU 7, 166 LEGAR GROVE LAST ZAR, TEUN	_
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE	
_	Thomas Haidesty, Hunspale, Wd DATE NOV 3 1966 golionles Judge	
	er e	



MARYLAND STATE DEPARTMENT OF HEALTH **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending paysican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit (Tec. please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

15135	·	E OF DEATH	EEI, BALIIMUKE, MAKTL	AND 21201	
1 PLACE OF DEATH	CERTITICATI		Where deceased lived, if instituti	an Res dence befare admission)	
o. COUNTY	MARYLAND	o STATE Mary	Land b. coul	nne Ammdel	
b. C.Ty OR TOWN (If autside carparate limits	C LENGTH OF STAY IN 16		utside corporate limits, write RUR		
Fort George G. Meade	23 Days	Crownsvill	e		
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d STREET ADDRESS		e IS RESIDENCE	
Kimbrough Army Hospital		98 Waterbu	ry Rd.	ON A FARM? YES NO Z	
3 NAME OF PICEASED TRENE JONES	M:ddle S	MITH Lost	4 DATE Mort OF NOVEMBE	r 5 19 66	
S SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min	
Female Negro WIDOWED	DIVORCED	23 June 192	O 46 yrs		
	IND OF BUSINESS OR IDUSTRY		& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
Practical Nurse	Hospital		el, Maryland	USA	
13 FATHER'S NAME	•	14. MOTHER'S MAIDEN			
James H. Jones		Mary C.			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give, war ar dates of service)		INFORMANT	Addre		
No n/a 21		m Smith (Hu	sband) Crownsv		
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:		and an		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	lmonary Conges	FLOU			
Conditions, if any, which gave) (h) Ad	vanced Metasta	tic Cancer			
rise to immediate cause (a), stating the underlying cause (c) Ca	ancer of Breast 1959-Pr				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING None	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AJTOPSY PERFORMED? YES K NO	
200 ACCIDENT WAS UNDERLYING	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)		
206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO:	t Applicable				
20c. TIME OF INJURY Manth, Day, Year Haur o.m. 19 while p.m. 19 at wor	- Not While - for	ACE OF INJURY (Home, farr story, street, office bldg., etc.		(County) (State)	
21 I certify that (I) (this haspital) atten saw the deceased alive an 5 Novem	ded the deceased fram 1	li October ,	1966 at 5 Novem	ber1966, that XIX (we) la	
saw the deceased alive an Stroveni	icer 19 66 , and the	or death accorred at	osa soo, nam tuuses	22b DATE SIGNED	
Buto a human	, bontuc "	D PHYS	MED. STAFF PHYS.	7 37 3 30//	
NAME (Type) BURTON A. JOHNSO	N, CAPT, MC	22d ADDRESS KIMBROUG	H ARMY HOSPITA	L. FGGM, MD.	
230 BURIAL CREMAT ON 23b DATE THEREOF SEMOVAL (Specify) 11-8-1966	23c NAME OF CEMETERY OR	walks.	23d. LOCATION (City or To	wn) (County) (State):	
24. FUNERAL DIRECTOR	ADDRESS	250. REC	D BY REGISTRAR 25b RE	GISTRÀ R'S SI GNATURE	
Keese tremed Have	(Umajali)	NO MOV	7. 1966 PCL	corles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If Institution, Residence before admiss on) a. COUMTY b. COUNTY > by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) c. CHY OR TOWN (If outside comporate limits, write RURAL and give nearest town c LENGTH OF STAY IN 16 papers. Tages n 72 hours aft NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheet address) IS RESIDENCE ON A FARM? NO complete 3. NAME OF Year Middle DATE Dey DECEASED OF DEATH (Type or print) 19 and con IF UNDER 24 HRS AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED THEYER MARRIED last birthday) Monthsi Days WIDOWED [DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? NEOD piease aftending ABUZ . CAUSE OF DEATH (Enter only one INTERVAL BETWEEN ۾ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " (b) gove rise to immediate cause **DUE TO** (a), stoting the underlying PART I, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110]. 19. WAS AUTOPSY PERFORMED? NO T CERTIFI 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form 2Df. (City or lown) [County] (State) Month, Day, Year factory, street, office bldg., etc.) Not While Whila WED Hour e.m. et work at work , 196 4, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from: ...19 6 6, and that death occurred above. P.M. from the causes and on the date stated above. saw the deceased alive on LANU 22b DATE 22e. SIGNATUR SIGNED ATTENDING director, page de filed with the PHYS DIRECTOR M D ADDRESS 22e PHYSICIAN 22d. NAME (Type ATION ICITY, TOWN 230 BURIAL, CREMATION, 1236 (Steta) VR ATS (4) 15M 7161



be executed within 24 hours after death

requires that the death

ATTENDING PHYSICIAN: The law

O HOSPITAL OR

Page 4 may

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van papers. Pag within 72 haurs

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physician en please

signed by the burial transit p

this certificate has been

TO FUNERAL DIRECTOR: After

burial

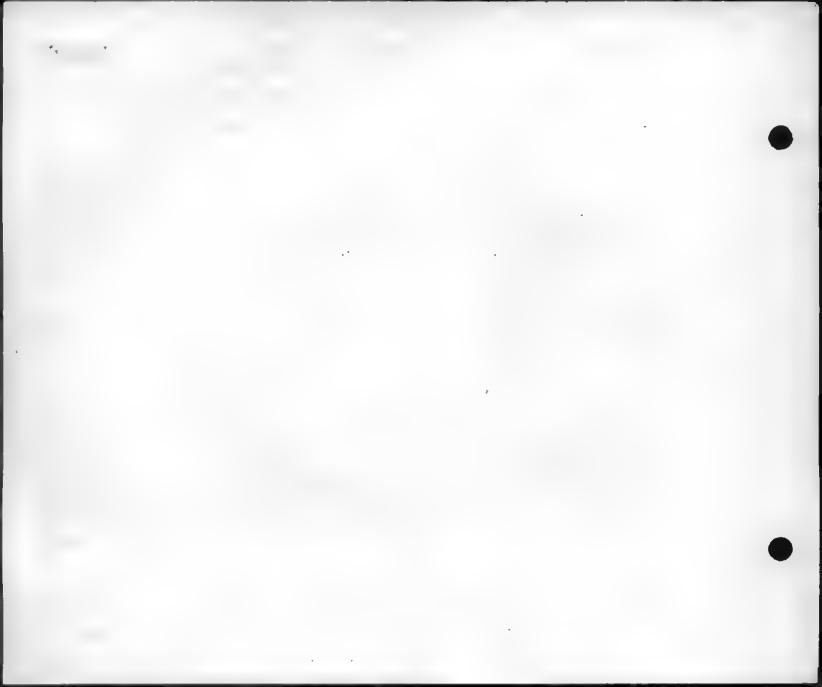
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director, page 3 should should be filed with the

YR A15 (4)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15137 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) n COUNTY n STATE Marvland Baltimore b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) I hour Glen Burnie e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X North Arundel General Hospital Wards Chapel Road YES 🔲 3 NAME OF 4 DATE Middle 1 ost Day Year DECEASED Herbert Stubler 1966 (Type or pnnt) DEATH November AGE (n years IF UNDER 24 HRS IF JNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days ſχ WIDOWED DIVORCED -8-1905 Male White 105. K NO OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 RIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY USA communications oper. Telephone Co. Baltimore 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Andrew Jacob Stubler Lina Schumann WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service Catherine Wade 615 Pamela Rd. Glen Burn NO ONSET AND DEATHE 18 CAUSE OF DEATH (Enter anty one cause per line for (a) PART I. DEATH WAS CAUSED BY CARCINOMA IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gove (6) rise to immediate cause (a). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO L 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) 20c TIME OF INJURY Month, Day, Year Hour am. foctory, street, office bldg., etc.) Nat While at wark ot work 21. I certify that (I) (this hospital) attended the deceased fram 19.66, and that death accurred at P M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D 22c PHYSICIAN 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 11-7-66 Loudon Park Cemetery Baltimore Maryland uria 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 4600 Liberty Hghts. Ave. DATE



death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ACCIOR: After this certificate has been 8 gned by the attending physician and complete d in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please prove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it and event, within 72 hours after death.

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15137 CERTIFICATE OF DEATH 15138

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where dece	sesed lived, If institution: Residence be	efore edmission)
a. COUNTY Ann	Arundel	MARYLAND	. STATE Md.	b. COUNTY Ann Arrun	del
b. CITY OR TOWN (f autside corporete timits		c. CITY OR TOWN (If ouls de corpor	ate limits, write RURAL and give neere	st town)
Popular Ri	give necrest town)	, 12 Years	Popular Ridge	2	1
	~	not in hospital, give street eddress)	d STREET ADDRESS	~ ~	IS RESIDENCE
310 Cedar	Rd. Popular	Ridge Pasadena, Md.	310 Cedar Rd.	YE	ON A FARM?
3. NAME OF DECEASED	First	Middle	Last 4. DATE	Month Day	Yeer
(Type or print)	Ethel	A. Tegle		NOU 30	1966
5. SEX	6. COLOR OR RACE		DATE OF BIRTH		NDER 24 HRS.
Female				A yrs. Months Days Ho	urs Min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE County & State, or fo	reign country) 12. CITIZEN OF WE	HAT COUNTRY?
House Wife		1	Balto. Md.	U. S. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		_
	ey Saunders		Catherine ?		
15. WAS DECEASED EV	FR IN U.S. ARMED FORCE	ES? 1 16 SOCIAL SECURITY NO. 17, 1	NFORMANT Pasadena, M	Id. Address	
no	17639 70 4010 001050 301		. Harry A. Tegler Poj	pular Ridge 310 Ced	lar Rd.
		reuse per line (or (e), (b) and (c),]		INTERVA	AL BETWEEN AND DEATH
PART I DEAT	* WAS CAUSED BY: TE CAUSE (e)	ACUTE PULMON	ARY OEDEMA	44	HRS.
1100	DUE TO				
ju,	, which ? (b)C	HRONIC CARDIAC	DECOMPENSATIO	ν 6 A	NO1
geve rise to immedi	ete ceuse				
couse lest.	(c)	SCLERA-DE	LMA	10 41	es _
PART I OTHER	SIGNIFICANT COND TI	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO		AS AUTOPSY
MAL	NUTRITIO	N AND CACH	EXIA	YES	□ NO □
200 ACCIDENT W	AS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Part II o	if item 18.)	
U (IF EITHER, NOTIFY	MEDICAL EXAMINER				
Y 20c. TIME OF INJU	RY Month, Day, Year		CE OF INJURY (Home, farm, 20f. (City only, street, office bldg., etc.)	or town) (County)	(Stete)
Hour e.m.	19	While Not While the the twork at work	17, 311001, 011100 01091, 010.1	11	
21. I certify i	hat (I) (t his hespi ta	d) attended the deceased from .	1958 19. , 10./	UOU 30, 1966, that	(1) (we) last
			death occured at 3PM, from		
220 SIGNATURE	011	. 0	ATTENDING . MED.	STAFF	225. DATE SIGNED
Certhur	danksto	rd yr. M	D. PHYS. DRECTOR	PHYS.	-30-66
22c. PHYSICIAN'S NAME (Type)	1 - 0	14 1.55	22d. ADDRESS	0 1	~
	HETHUR	HANKFORD JR	J. MOUNTAIN ICO.	YASADENH, M	2
23a. 8UR At, CREMATI REMOVAL (Specify)	QN, 236 DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCAT	TION (City, town or county)	(Stete)
Burial		1966 Lorraine Cem.	Balto	o. Md.	
24 JUNERAL DIRECTOR	I'S SIGNATURE	ADDRESS	25e, REC'D BY REGISTR	AR 256 REGISTRARYS SIGNATURE	Judge
G. Truman S	Schwab 3512 F	rederick Ave. Balto.	Md. DATE DEC 2	1966	7 0



CERTIFICATE OF DEATH Toneral and 2 death. USUAL RESIDENCE (Where deceased lived, If institutions: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE B. COUNTY ē MARYLAND Page hours b. CLTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) papers. In 72 hr filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give screet address) d. STREET ADDRESS etely event, with carbon NAME OF DATE Middle 4. DECEASED DF DEATH compl (Type or Drint) SEX 6. COLOR OR RACE DATE AGE (In years remove NEVER MARRIED last birthday) any and DIVORCED nding physician a Then please re removat; and in E 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 13. BI THPLACE (County & State. of foreign country) during most of working life, even if retired) INDUSTRY ATHER'S NAME MOTHER'S MAIDEN NAME in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** 16. SOCIAL SECURITY NO. Addres (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been for use as the b gave rise to immediate DUE TD cause (a), stating underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Arrer this certificate had be detached for use a State Dept. of Health n the hospital or DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) O FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Dep MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 19-co., to 21. I certify that (I) (this hospital) attended the deceased from PIM from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a: SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR PHYSICIAN 22d ADDRESS NAME (Type NAME OF CEMETERY OR CREMATORY BURGAL, CREMATION, 23b. DATE THERED 23c. 23d. LOCATION (City Jown or county) 23a. 2 **BEMOVAL** (Specify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

6. IS RESIDENCE

ON A FARM?

Year

F UNDER 24 HRS.

19

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

ND

(State)

(State)

PERFORMED?

YES !

(County)

22b.

DATE SIGNED

Day

Days

CDUNTRYA

12. CITIZEN OF WHAT

IF UNDER 1 YEAR

Months

Month

NO

after hours 24 within executed certificate be death The law requires that the DR ATTENDIN be retained b

> VR AIS **2**DM



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15140 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) " Anne Arundel 5 COLINTY o Maryland MARYLAND Baltimore c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate "mits, write RURAL and give nearest town) write RURAL and give pearest town) &mos. 20 days Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Crownsville State Hospital 846 W. Baltimore WIT 3 NAME OF First Middle 4 DATE Lost Month DECEASED OF DEATH (Type or print) 3-#31447 Thompson Andv event, 1 S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED dust birthdoy) May. 1893 White Male **WIDOWED** X DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Norway 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Tina Berl Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) Hospital Records Unknown Unknown cremation, CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY Preumonia IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Cerebral Atherosclerosis Emphysema. 206 ACCIDENT WAS UNDER YING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) foctory, street, office bidg., etc.) Hour a.m. Not While While Not While 21 1 certify that (I) (this haspital), attended the deceased from 1966 1966 and that death occurred at 1:31 M. fram causes and an the date stated above. sow the deceased alive on DIRECTOR PHYS PHYSICIAN 22d ADDRESS Crownsville State Hospital, Maryland Heard Reissman, M.D. Hildegard 23g BURIAL, CREMATION 23b DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify)

AnnapolisopReMarvland

II 108

Reese

W. Washington Street

funerol 1 and 2 ter deoth PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death papers. Poges 1 hin 72 hours offer .⊑ filled carbon completely temove puo physician con pleose 9000 signed by the burnol-transit O HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the hospital or attending os the prior to hos this certificate has detached for use or to Dept. of Health p detached þe director, page 3 should should be filed with the FUNERAL DIRECTOR: 9

VR A15 (4)

24. FUNERAL DIRECTOR

(County)

22b. DATE SIGNED 11/25/66

(County)

e IS RESIDENCE ON A FARM?

NO XX

66

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

19_66 that (I) (we) last

NO

(Stote)

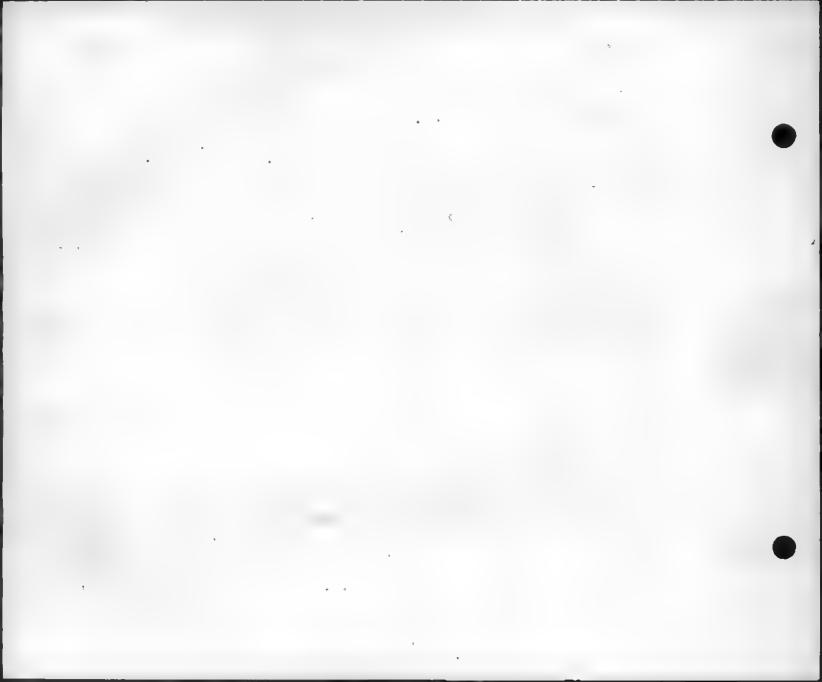
(Stote)

IF UNDER 1 YEAR

12 CTIZEN OF WHAT COUNTRY? A

Months

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE DATELL



	15141		CERTIFIC	ATE	OF DEATH			1	513	9	
	PLACE OF DEATH				2. USUAL RESIDENCE (W	Vhere dece			dence before	a odmission)	
	ounty Anne Arunde	1	MARYLAN	ID	o. STATE		b (0)	JM14		~	/
ŀ	. CITY OR TOWN (.f autside		c LENGTH OF STAY IN 1	b	c CITY OR TOWN (If our	tside corpa	rate limits, write R	URAL ond	give neores	town)	
	write RURAL and give ne Laurel	orest town)	Bl yrs. 11	mol	. Washing	aton	. D. C.			4,	
	d. NAME OF HOSPITAL OR IN	STITUTION (If not an hose			d. STREET ADDRESS				- (e IS RESIDEN	
	Children's	Center Hos	spital		754 Harva	rd S	treet. N	w.	,	ON A FARI	
	NAME OF	First	Midd'e		Last	4 DATE	Ma	nth	Day	Year	
	DECEASED (Type or pnnt) MAR	GARET		TF	HORNTON	OF DEAT	H Novemb	er 1	7.	19 (66
	SEX 6 COTO	OR OR RACE 7 MAR	RIED NEVER MARRIED	X 8.	DATE OF BIRTH		9 AGE (In years lost birthday)	IF UND Manth	ER I YEAR S Doys	IF UNDER 24	4 HRS Min.
	Female Ne	gro WIDO	<u> </u>		2-8-17		48 yrs.				PENCE.
	. USUAL OCCUPATION (Give k'i ing most of working life, even		Ob. KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County	& Stote, or	foreign country)	12.	COUNTRY?		
UII	Institution	alized			D. C.				220111111	USA	
3	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	John Thornt	on			Maggie 1	Hamm					
IS.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16 SOCIAL SECURITY NO	17, IN	FORMANT		Add	lress			
	No	As Mot of dois? or zeraice?	None	Ch	ildren's C	ente	r Hospit	al.	Laure	el. M	d.
ī	18. CAUSE OF DEATH (En	ter only one couse per lu	ne for (o), (b), ond (c).)						NTE	ERVAL BETWE	EEN
	PART 1, DEATH WAS (CAUSED BY: MMEDIATE CAUSE (o)	Papillary ader	1000	rrinoma le	eft 1	יווו ס			SET AND DEA	
	163X "	DUE TO			,					7	
	Canditians, if any, which g	love) (b)	Mental retarda	atio	n						
	rise to immediate couse stating the underlying co	(o), (DHE TO									
	last	(c)	Convulsive dis	sord	er						
	PART II, OTHER SIGNIFICAN	IT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATE	D TO TH	IE TERMINAL DISEASE CON	IDITION GI	VEN IN PART 1(o)		19.	WAS AUTOPS	SY
5									Y	PERFORMED:	_
5	20o ACCIDENT WAS UNDERL	YING T	Ob. DESCRIBE HOW INJURY OCCU	RRED (E	nter noture of injury in I	Port I or P	art II of item 18.)				
3	OR CONTRIBUTING (CAUS)	E OF DEATH		(-							
3	(IF EITHER NOTIFY MEDICAL 20c TIME OF INJURY Mar		20d INJURY OCCURRED 20	e PLACE	OF INJURY (Hame form	. 20f.	(City ar town)		(County)	(Sto	ote)
9	Hour o.m.	,,	While Not White		y, street, office bldg., etc.)		1-1		,	,	, ,
	p.m.		otwork U atwork U) attended the deceased fro	- D	noombox 7 l	024	to Norr T	7 1	0 66 11	at IIV Ive	o) far
	zi. i certity indi	(1) (inis naspiral) (17 19 <u>66</u> , and	d that	death occurred at	1.34., 1.03	MP front/scruse	s and or	n the dat	e stated	ahavi
	220 SIGNATURE	dillac ou Trox	A	3 13101	Boom occorrod or		ing GordaleBoar		DATE SIGN		10070
	4.0	easet le	Maker -	M.D.	ATTENDING PHYS	MED	STAFF PHYS	□ No	v. 1	8, 19	66
	22c. PHYSICIAN'S	real to	2010	111.07	22d, ADDRESS	DIRECTOR				,	
		GARET W. N	MOLA, MO.D.		Children	's C	enter. I	aure	1. M	d.	
730	. BURIAL, CREMATION,	23b. DATE THEREOF	1 23c. NAME OF CEMETER	YORC			LOCATION (City or 1		(County)		e)
.uru	REMOVAL (Specify)		Children		_		urel		A.	Md.	,
24	FUNERAL DIRECTOR	11/21/66	ADDDECC	3 (2Sa. REC'D				'S SIGNATUR		
Ï	5. 2/ it	Donald	20 7	0			9 1966		anlen		e.

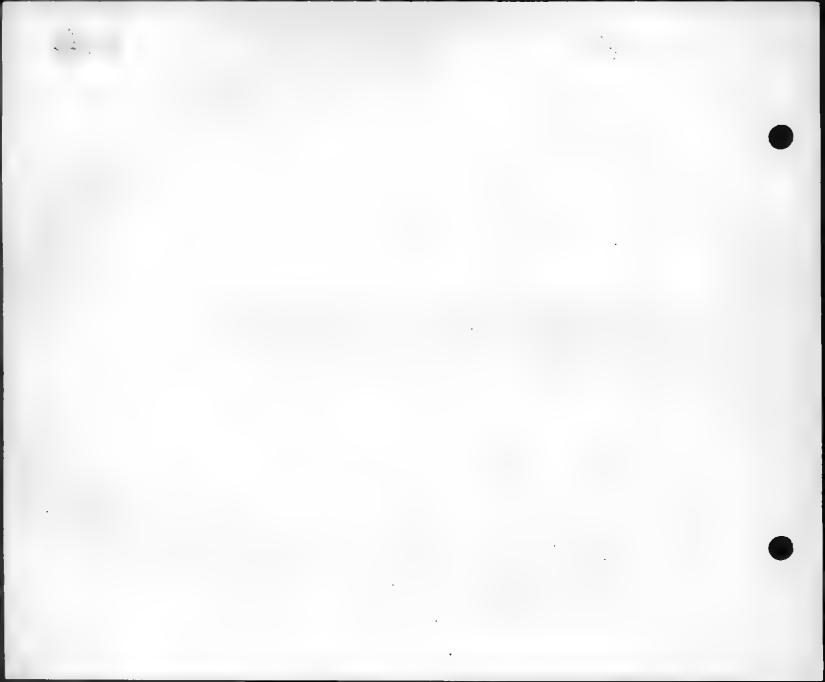
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnil-transit permit. Then pickse remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the lieath certificale be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

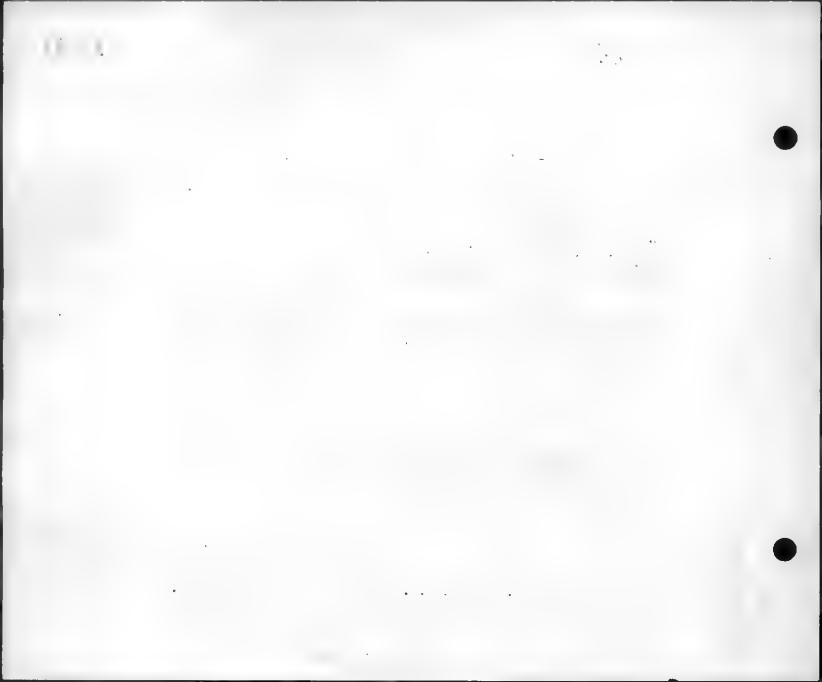
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	MARYLAND STATE DEPARTMENT OF HEALTH	*
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
15142	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	15140

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Anne Arundel MARYLAND	Maryland b. county A. A. Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Pinchurst. Pasadena	Pinehurst, Pasadena/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
HOLL: 7 Bayside Drive	7 Bayside Drive YES NO 🛚
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) GEORGE LONARD PURNELL PRI	JITT DEATH // 1966
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Widowed Divorced	far. 6, 1883 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETILED - Dentist Dentistry 13. FATHER'S NAME	Snow Hill, Maryland
George W. Truitt	Gertrude Purnell
[(TCS, NO, OF UNKOWN) (ITYES GIVE WAR OF DATES OF SERVICE)	INFORMANT: wife Address Pinehurst,
Yes WW I 214-38-7509 Mrs	s. Margaret D. Truitt, Pasadena, Ad.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANTERIOR CLEVEL	ic Alas trolline mahuru
DUE TO	
Conditions, if any, which } (b)	
gave rise to immediate (
understand lead	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 at work Not While at work Not While at work Not Work Not While at work Not While Not While at work Not While N	
21 I partify that (I) (this bearital) attended the deceased from	nay 10 1966, to 19 that (1) (Ne) last
saw the deceased alive on Jan 1966 and that	death occurred at 7 30 M, from the causes and on the date stated above.
226. SIGNATURE	ZZD. DATE SIGNED
Aclay Mest of M.D. ATTENDING DIRECTOR DIPHYS.	
22c. PHYSICIAN'S	
NAME (Type) AICARY T. DYERLIHY his 15 Control Col fla Sume	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) C de Maryland Green Mount Cemetery Baltimore, Maryland	
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Stewart & Mowen Co., 108 ". North Av., City 1 DATENOV 17 1966 function	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15143 CERTIFICATE OF DEATH funeral 1 and 2 er death, requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY b COUNTY ofter Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate imits. c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) ician and campletely filled in by the lease remave carbon papers. Pagand in any event, within 72 hours Edgewater Annapolis B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO X Anne Arundel General Hospital Rt. 3, Box 293 YES 4. DATE 3. NAME OF Middle Month Doy Year DECEASED Charles TUCKERMAN 66 (Type or print) DEATH November IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 5. COLOR OR RACE DATE OF BIRTH AGE (n years 7 MARRIED X **NEVER MARRIED** last birthdoy) Months Doys Hours WIDOWED DIVORCED January 4. White Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fereign country) physician c ten please ng roost of working life, even it get red TET Ware COUNTRY? Maryland U.S. FATHIR S/ NAME MOTHER'S MAIDEN NAME burial, crematian, or remaval, attending phy-Yunkes 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN permit (Yes, no grunknown) (If yes give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) the signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), **DUE TO** stoting the underlying couse as the priar ta has been lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION be detached far use State Dept. of Health NO KI O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg., etc.) ot work 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 196 X. to 11-4 directar, page 3 shauld shauld be filed with the sow the deceosed alive on_ M, from causes and on the date stated above. 19 6 6, and that death occurred at 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOTHIAN, MD. Emily H. Wilson, M.D. 23o BURIAL CREMATION 23b. DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d AOGATION (City, or Town) (County) FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S HEALTH DEPT. PLACE OF BEATH USUAL RESIDENCE (Where deseased lived, If Institution; Residence before admission) 1. a. COUNTY a, STATE 6. COUNTY MARYLAND the funeral Department after death, b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? ay 3 to 1 Page State hours NO A YES and and 3. NAME OF Last DATE Month Day Year 4. DECEASED DEATH 1966 (Type or print) 211 $a \Lambda$ 2 with within DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6_COLOR OR 9. form NEVER MARRIED last birthday) ited within 24 hours after death. I in pencil in Item 18. Give Pages Examiner's Office along with form Months Days Hours WIDOWED DIVORCED l and a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 11. during most of working life, even if retired) COUNTRY? pages 1 in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, ng, or pakown) | (If yes give war or dates of service) permit. This certificate should be executed within INTERNAL BETWEEN CAUSE OF DEATH [Enter only one pause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE word "pending" Chief Medical **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the writing the word arded to the Chief EQ underlying cause last (c) used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO L YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) or or 20a. EXTERNAL CAUSE WAS forwarded PRIMARY | or CONTRIBUTING | 3 should k CAUSE OF DEATH. MEDICAL 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED the certificate, should be forw factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work p.m. at work L and in my opinion 21. I certify that 1 took ge of the remains described above, held an Autopsy Inspection files. Homicide Undetermined manner death resulted from: Natoral Suicide DIRECTOR CHIEF MEDICAL EXAMINER your 4 please execute director. Page 4 retained for you TO FUNERAL DIREI of Health or its 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 10 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTO Charles VR A15ME 3500 4-64

To Lake

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

deoth. funeral | ond hony ond it or removol, cremotion, burial, filed with the

papers. Pages 1 nn 72 hours ofter Pages Ξ filled Don completely remove corb PHO eose physicion ā attending physigned by the burial-transit as the prior to l hos etoched for use Dept. of Health p this certificate detoched O FUNERAL DIRECTOR: After pe shauld director, page should be filed

physician.

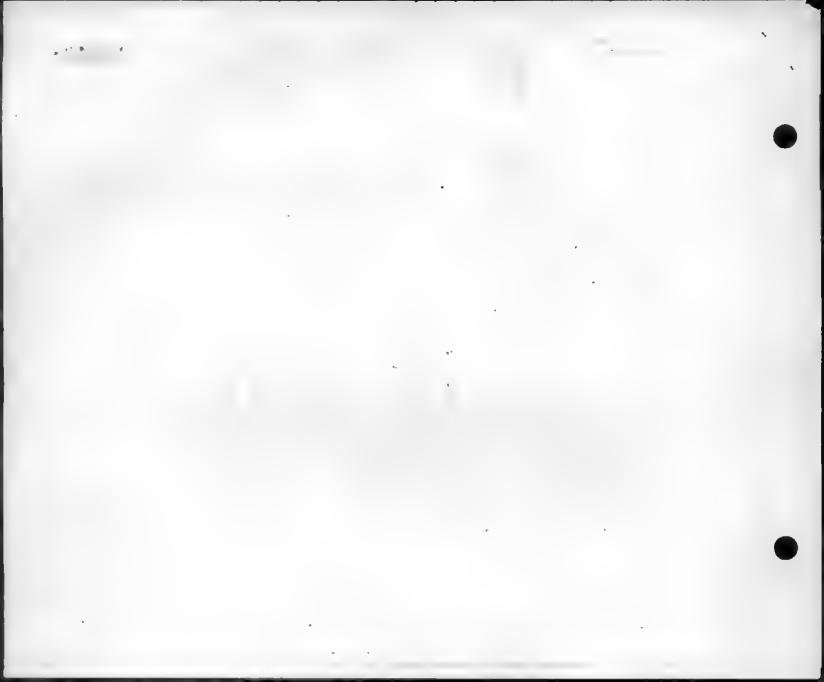
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending

OR ATTENDING PHYSICIAN:

The law requires that the death certificate be executed within 24 hours after death.

15145 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b COUNTY nne Arundel o COUNTY Arundel o. STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c (ITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Glen Burnie Hanover d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) North Arundel Hospital 312 Simms Lane YES □ NO □ 3. NAME OF Middle Last 4 DATE Manth Year DECEASED (Type or print) OF Walker 1966 Robert November DEATH S SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** X B DATE OF BIRTH lost_bisthday) Dovs Hours male white WIDOWED 11 - 7 - 28DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) HUNCTE United States Virginia 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lillian Mag Wilson David F. Walker WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Lerov Walker - Hannover, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOHEY MEDICADEXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hoor o.m. Nat While factory, street, office bldg .etc.) at work at work L 1966 1906 , that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram and that death accurred at 5.40 M, from causes and on the date stated above. Isaw the deceased alive an JUNNETURE. 22b. DATE SIGNED DIRECTOR M.D. PHYS PHYS ADDRESS 2 Mu 27 PHYSICIAN'S NAME (Type) 2 mi 12 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) (State) Arlington Nat'l.Cemeterv Fort Mevers. Va. 18/66 **ADDRESS** REGISTRAR'S SIGNATURE 1966 Home/Glen Burnie. Md.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15146	CERTIFICATE OF DEATH	15144
1 PLACE OF DEATH a. COUNTY AMME Almande	2 USUAL RESIDENCE (Where deceased lived, o. STATE MARYLANO	6. COUNTY
b CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glem Burn 16	c. LENGTH OF STAY IN 16 c CITY OR JOWN (if autside corporate limits, 3 WEEKS Balto. \$25	write RURAL and give hearest town)
77 77 77 77 77	espital Holy Cross Rd + Main	AVE. Park YES NO 1
3 NAME OF First DECEASED (Type or print) JANE		Month Day Year Vovember 2. 1966.
, , , ,	MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In lost bir	thday) Manths Days Hours Min
16a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY Al. Co. Bd. of Ed. Millers Ville Md.	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOSEPH IS WAS DECEASED EVERTON US ARMEDYORCES?	14. MOTHER'S MAIDEN NAME Jamey Martin 16 SOCIAL SECURITY NO 17 INFORMANT	Address 3807 Pascally
(Yes, no, or upknown) (If yes give wor or dates of serv	214-30-36+7 Mus-Betty L. Chisalm	(doughts.) Balto #25, Md.
18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a)	reflected Pulmoney Embalioning	INTERVAL BETWEEN ONSET AND DEATH
canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Paroug my atust fishy contin	mothing
PART II OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) 19 WAS AUTOPSY PERFORMED? YES NO
80 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item	m 18.)
20c TIME OF INJURY Month, Day, Year Hour o'm. 19	20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f (City or foctory, street, office bldg., etc.)	
sow the deceased alive an	1) attended the deceased from 1913 , 196 to 11	
22a SIGNATURE Stulling X	ATTENDING MED. ST. PHYS DIRECTOR PH	AFF 22b. DATE SIGNED 11/2/61
NAME (Type)	Linsao North Arundel H	156, 6/en Burrie, Md.
23a. BUR AL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF No. 4. 7, 13	PEL Cedar Hill Com. Brook.	yn, RFD, Maryland -
24. FUNERAL/DIRECTORY	Singleton Jan Fral Home 250. REC'D BY REGISTRAR	366 REGISTRARS SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plainectar, page 3 should be detached for use as the burial-transit permit. They should be filed with the State Dept. of Health prior to burial, aremation, ar remove

VR A15 (4) 20 M 1/66

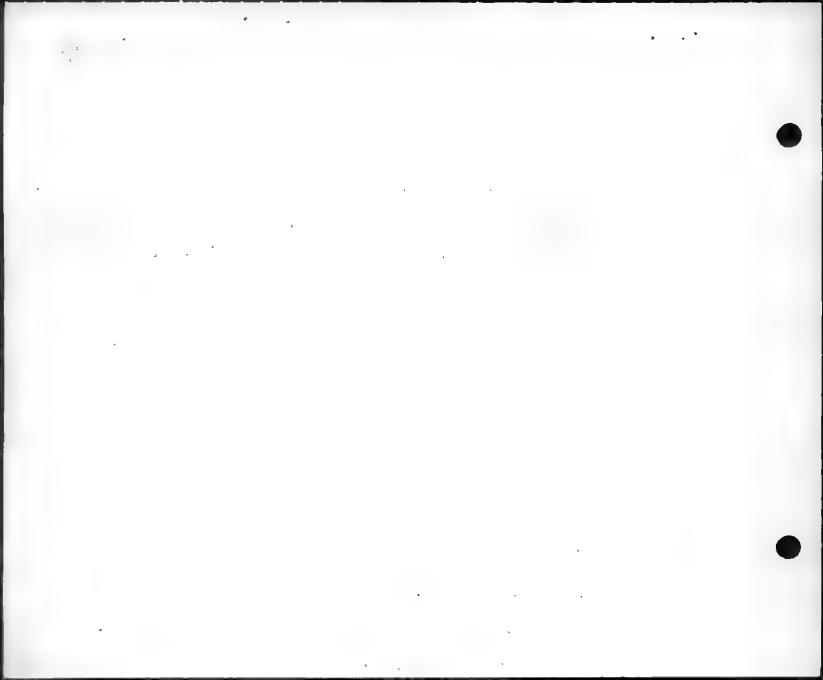
Page 4 may be retained by the haspital ar attending physician.

physician and camplerely filled in by the funeral eff. please remove carban papers. Pages I and eff. Jobs in any event, within 72 haurs after death

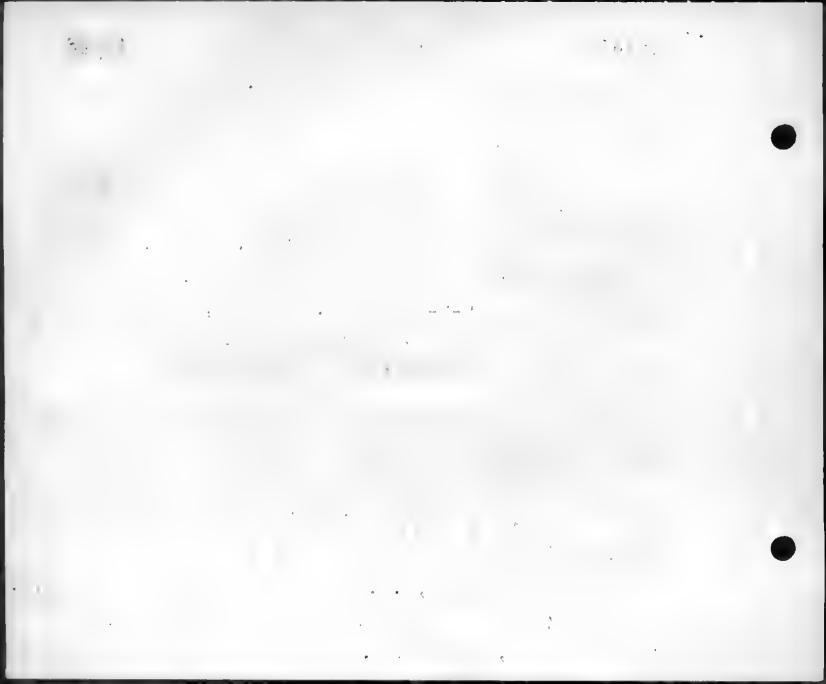


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 15147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT! PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o CDUNTY o STATE h COLINTY 2, and 3 to PM3 Page delay is 40 death ANNE ARUNDEL MARYLAND Maryland Anne Arundel b CITY DR TDWN (If outside corporate imits. c CITY OR TOWN (If outside corparate (mits, write RURAL and give nearest town) c LENGTH DE STAY IN 16 write RURAL and give nearest town) offer GLEN BURNIE Severn e IS RESIDENCE DN A FARM? d NAME DE HOSP TAL DR INSTITUT DN (If not in hospital, give street address) d STREET ADDRESS Item 18. Give Pages 1, Office along with farm haurs Camp Meade Road YES ND X NORTH ARUNDEL GENERAL HOSPITAL 24 haurs after death 3 NAME OF Middle 4 DATE Month Year DECEASED OF a WOODSIDE E. w thin WARFIELD 28 (Type or print) DEATH 19 66 with 9 AGE (In years S SEX B. DATE DE BRIM IF JNDER 1 YEAR FUNDER 24 HRS 6 CD, DR DR RACE 7 MARR ED NEVER MARRIED lost birthdoy) Months Male White WIDDWED DIVDRCED 64 yrs 19 Jan 1902 | II BIRTHPLACE (Stote or foreign country) event 100 USUAL OCCUPATION (Give kind of work done 10b KIND DE BUSINESS DR 12 CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? INDUSTRY Anne Arundel Co. Md.

14 MOTHER'S MAIDEN NAME O.I.V Retired USA U. S. Gov !t 13 FATHER'S NAME This certificate shauld be executed within and Ida Durm Benjamin Warfield 15 WAS DECEASED EVER IN _S ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dotes af service) 16 SDCIAL SECURITY ND 17 INFORMANT Address please execute the certificate, writing the ward "pending" i director. Page 4 shauld be farwarded to the Chief Medical or removal. Mrs Dorothy T. Warfield, same as 2 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter on y one couse per ne for (a), (b), and (c)) DNSET AND DEATH PART I. DEATH WAS CAUSED BY MMED ATE (A_SE (o) Arteriosclerotic and hypertensive cardiovascular cremation, XXXXXX Conditions, if ony, which gove (b) disease rise to immediate couse (a), DUF TO stoting the underlying couse used as burial, c 19 WAS AUTOPSY
PERFORMED?
YES X ND PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(a) CERTIFICAT ON ar fa 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY DCCURRED (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY I or CONTRIBUTING I CAL EXAMINER: CAUSE DE DEATH. 20c. TIME DF INJURY Month, Doy, Year 20d INJURY DCCURRED 20e PLACE DF NJURY (Home, form 20f (City or town) (County) (State) Hour am. factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While Not While While of work at work 21 I certify that I took charge of the remains described above, held on Autopsy \(\overline{X}\). Inspection Inquiry and in my opinion the funeral directar. Noturo couses X Suicide . Homicide deoth resulted from: Accident . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE Health or DEPUTY MEDICAL EXAMINER 11-29-66 **EXAMINER'S** SPITZ, WERNER U. M.D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREDF 23c. NAME DE CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. (County) (Stote) 50 REMDVAL (Specify) Linthicum Friendship Cemeters 25g REC D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (9) Marley & DATEDEC 1966 Kirkley Funeral Home, Glen Burnie, Md. 6M 1/66



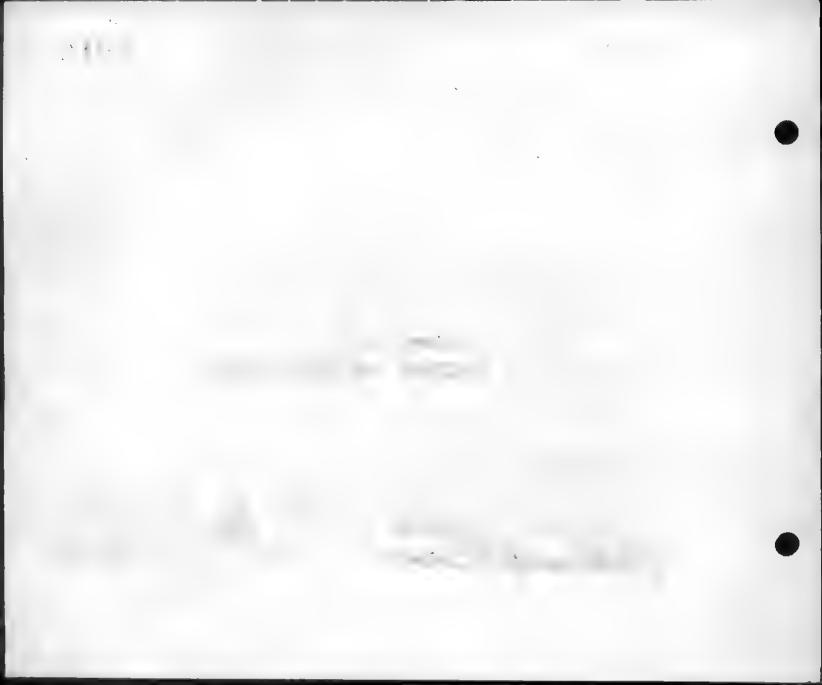
15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15149 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside carparote limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN write RURAL and give nearest tawn) The RURAL and give nearest fown d. NAME OF HOSPITAL ON INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO IX NAME OF Fire Middle Menth Day Year DECEASED OF DEATH (Type or print) 5 SEX 6 COLOR OR RACE MARRIED X DATE OF BIRTH AGE (In years YEAR **NEVER MARRIED** 8 birthdoy) Months Days Hours WIDOWED DIVORCED 100 USUA: OCCUPAT ON (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during most of working life even it retired) COUNTRY ? 13. FATHER'S NAME MOTHER S MAIDEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ARTEROSCIEPOSIS Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20o ACCIDENT WAS UNDERLYING CO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City ar town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work at work 1956 to /8NUL 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 2 A.M. from couses and an the date stated above saw the deceased alive on. 22b. DAJE SIGNED **ATTENDING** STAFF DIRECTOR **PHYS** 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Tawn) BURIAL CREMATION (County) (State) PUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S **MGNATURE** 1966

death. requires that the death certificate be executed within 24 haurs after leath filled in by the funeral papers. Pages 1 and .⊆ event with remaye, carbon and campletely and in any please physician ar remayal, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then crematian, physician. far use as the burial-Health priar ta burial, attending be retained by the haspital ar detached f te Dept. af l State director, page 3 shauld should be filed with the Page 4 may

VR A15 (4) 211 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15150 CERTIFICAT	E OF DEATH	15148
	COUNTY ANNE ARUNDEL MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, 'f institution o. STATE MARYLAND b COUNTY	Residence before dom ssion) A.A
	OCITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corporate limits, write RURAL DBUIDSONVILLE	ond give nearest fown)
	I NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) YNOLL WOOD NURSING HOME	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES ☑ NO ☐
	NAME OF First ST. CLAIR U	PAYSON SR. 4. DATE OF Month	Doy Year 5 19 6 6
5 :	6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED		UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min
	JSUAL OCCUPATION (Give kind of work done ng most of working life, every fretired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Country & Stote, or foreign country) MCKINDREE	12 CTIZEN OF WHAT COUNTRY?
	FATHER'S NAME PRESTON WAYSON	14. MOTHER'S MAIDEN NAME ELIZABETH SIMMON	3
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no orenknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17.	RS. W. N. BRASHEARS DN	INAPOLISMO.
	18 CAUSE OF DEATH (Enter only one couse per line for {o}, (b), and (c}) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Level myore	moderal infarction	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a),	recluion	Lunhour
	stoting the underlying couse (c) cortemoral	erote Cardiovasculardo	rial
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of Item 18.)	
MEDICAL	Hour o.m. p.m. 19 While Not While of work	LACE OF INJURY (Home, form pctory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram-		_, 19, that (I) (we) las d on the date stated above
	220 SIGNATURE Shapmett	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7 Mov. 1966
	22c. PHYSICIAN'S R. M. SMITH	HAHN BLOG. SEVERN	
Ĺ	BLR AL, CREMATION, 236 DATE THEREOF 230. NAME OF CEMETERY O REMOVAL (Specify) 11-8-66 ALL HALLOW ELINEPAL DIDECTOR	S CHAPEL DAVIDSON	/ 1 // 1

M. TAYLOR, SON ANNAPOLIS UD

ocharles

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event. This is a hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

VR A15 (4): 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15149

					••	10117
1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDE		institution: Residence before admission)
		Anne Arun	del MARYLAND	Ms	ryland	A.A.Co
	b. CITY OR TOWN Write RURAL a	Anne Arun (if outside corporate lin and give negrest town)	nits, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside corporate limits,	write RURAL end give nearest town)
(Rural)		erk 36 years	(Rural		ark Md
	d. NAME OF HOSE	PITAL OR INSTITUTION (IF	not in hospital, give street addres	d. STREET ADDRES	SS	e. IS RESIDENCE ON A FARM?
		nne Arunde	1 Gen Hosp	Whites 1	Road Box 340	A Rt1 YES NO K
3.	NAME OF DECEASED	First	Middle	Last	4. DATE MO	onth Day Year
_	(Type or print)	Bernice	Delores	White	DEATH NOT	10 19 66
5.	SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea last birthda	rs IF UNDER 1 YEAR IF UNDER 24 HRS. y) Months Days Hours Min.
	Fonale	TIORIT	I DOWED DIVORCED	2-20-1902	2 64 yrs.	
l Da i u r	. USUAL OCCUPATION Ing most of working	ON (Give Rind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or foreign cour	ntry) 12. CIT IZEN OF WHAT COUNTRY?
D	omeatic		******	A.A.Co.		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MA	TIDEN NAME	
	Jacob	Pulley		Cynth		
15 (Ye	. WAS DECEASED EV s, no, or unkown) (VER IN U.S. ARMED FORCES (If yes give war or dates of servi	3? 16. SOCIAL SECURITYNO. 1	7. INFORMANT	Add	iress Severna, Park
_	No	****	None	James Albe	ert White F	RtlBox 340A
1			se per line for (a), (b), and (c).]	4		INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEA	NTH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MyocorDial I	nfarction		
	11 1	DUE TO	,			
	Conditions, If a		MCVD			
	gave rise to l cause (a), sta		d			
_	underlying cause	/		4		
2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2						YES NO
28.5	2Da, ACCIDENT V OR CONTRIBUTION	VAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of injury in Pert I or Part I	of Item 18.)
2						
CA	20c. TIME OF IN	NJURY Month, Day, Year	- fa	LACE OF INJURY (Home, ctory, street, office bidg.	farm, 2Df. (City or town)	(County) (State)
MED	p.m		While Not While at work at work	,,,	<u> </u>	
	21. I certify	that (I) (this hospital)	attended the deceased from.	1956	19, to	, 19, that (i) (we) last
	saw the deci	eased alive on Ma	19.66, and t	hat death occurred at	<u> </u>	es and on the date stated above.
	22a. SIGNATURI	F - + 1	1./	ATTENDING	MED. STAFF	22b. DATE SIGNED
	JY,	derl-1.P	tary 1	M.D. PHYS.	OIRECTOR PHYS.	11-10-66
	22c. PHYSICIAN NAME (Typ	oe)	D Wales	22d. ADDRESS	88 0	. 7
200	DUDIAL ODES		R. Hahn	P.O. Box	73 Servern	
232	_REMOVAL (Soe	clfv)				
24	Burial FUNERAL DIREC	11/13/	66 Ht Colva	1 25a, F	REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
-4	C 39 H4 o		propolie Wa		NOV 1 6 1966	Milianles Judge.
			77 7 7 7 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE	1107	()

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

amy delay is

This certifimte mhauld by executed in thin 24 haurs after death 1f

TO DEFINITY MEDICAL EXAMINER:

Tope 2 with the State Department of Health ar its designated agent, priar ta bur al, crematian, ar remava and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

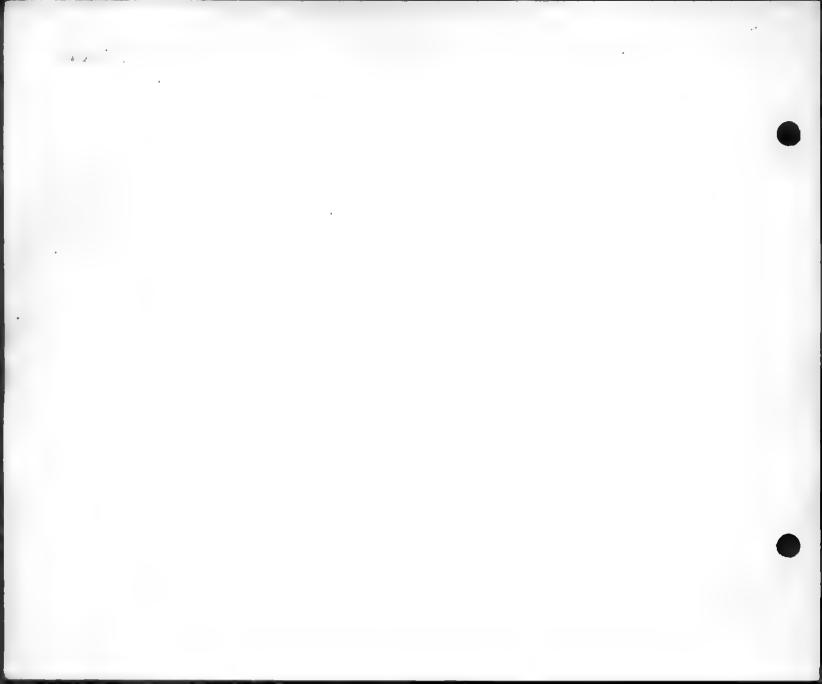
necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15152

15	1	5	()
3.7		- 1	J.L.

	1 PLACE OF DEATH							2. USUAL RESIDENCE (Where deceased fived if institution Residence before admission)							
		Anne Arundel				MARYLAND			o STATE Maryland b. COUNTY					•	
		b CITY OR TOWN (If outside corporate imits write RURAL and give nearest town)				c LENGTH OF STAY IN 1b			c CITY C	c CITY OR TOWN (It outside corporate limits, write RURAL and			URAL and give	nearest town	1)
		Glen Burnie							Balt	timore			31 9	~	
	(d NAME OF HOSP T	AL OR INSTITUTION (If n	DR INSTITUTION (If not in hospital, give street address			eet address)		d. STREE	T ADDRESS				e IS R	ESIDENCE A FARM?
f		No	rth Arunde	1 F	lospi	ta.	<u>L</u>	1654 Delano Court					NO _		
		NAME OF DECEASED		rs†	73.7		Middle Lost 4 DATE			4 DATE OF	Mai		Day	Year	
	- ((Type or print)	CAT				0.			LIAMS	DEATH	Nove			19 66
	5 !		6. COLOR OR RACE		MARRIED		NEVER MARRIE	Label	8 DATE OF			AGE (In years lost birthday)	IF UNDER	Doys Hou	DER 24 HRS
		emale	Negro		DOWED		DIVORCE	D 🔲		20,		16 yrs			
	IDo.	. USUAL OCCUPATION Ingspect of working	(Give kind of work done life, even if refired)			ND OF Dustr	BUSINESS OR				e or foreign co		2 (17	ZEN OF WHA	ſ
	-		5								Mary	land		U.S.A	<u> </u>
	13	FATHER S NAME]	HER'S MAIDEN					
			Villiams		Υ						eaber.				
	15	WAS DECEASED EVE Se Bo, or unknown)	R NUS ARMED FORCES? (If yes give wor or dates (fserv	16	SOCIAL	SECURITY NO		INFORMAN			Add			
	T.							M	. Os	car W	illia	ms 3200	Bur		
	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I, DEATH WAS CAUSED BY:											INTERVAL ONSET AN			
		IMMEDIATE CAUSE (a) Spinal Cord Compression													
	Conditions, fony which gove) (b) Fracture of Cervical Vertebrae.														
	use to ummediate course (a)														
	storing the underlying cause DUE TO														
- }															
	PART II. OTHER S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING PASSENGET in auto-auto collision.									PERFO	RMED?				
	20b DESCRIBE HOW MOUNTY OCCURRED PRIMARY ☑ or CONTRIBUTING ☐										II of item 1B)		•		
	CAUSE OF DEATH. Passenger in auto						o-auto	coll:	ision.						
	MEDICAL	2Dc TIME OF NJL Hour XXX	RY Month, Day, Yeor				OCCURRED	1	ACE OF INJU	RY (Home, for	m. 2Df	(City or town)	,	onty)	(Stote)
- }	M	2:15 pr	1 1 1 1 1	66	at work		ot work	10	Bel	office bldg etc	1		Anne	Arunde	1 Md.
		21 I certify that I took charge of the remains, described above, held on Autopsy [], Inspection [X], Inquiry [], and in my opinion													
		deoth result	ed from. Noture	ol co	uses 🗸	1. /	Accident 🗴]. Su	ode 🔲,	Homicide	e 🔲 , Ur	ndetermined in	nonner 🔙]	
ŀ		ACTUAL O/2:/: 1						CHIEF MEDICAL EXAMINER 22. DATE SIGNED							
		SIGNATURE Charles I cut						181 12							
2	EXAMINER'S NAME (Type) Charles S. Petty DEPUTY MEDICAL EXAMINER Address (Street, city, fown, or county)								11/	4/66					
	230	BURIAL, CREMATIC	N 23b DATE TH	EREOF		_	NAME OF CEM	ETERY OF	CREMATOR	,	23d LO	CATION (City of To	own)	(County)	(State)
		BUPY COLUM	11-8-	-66		A	rbutus	Me	m. Pa			outus		Md.	
		, FUNERAL DIRECTO					ADDRESS			250 REC	D BY REGISTR		REGISTRAR S SI		1.0
	M	orton &	Dvett F	н	17	01	Laure	ns	Stree	DATE	OV 7	1986	Jelian	las Jus	7

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15153 DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL ond give neorest town)
Watergate- Annapolis Watergate - Annapolis A NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1507 Gordon Cove Drive 1507 Gordon Cove Drive YES NO X 3. NAME OF Middle 4. DATE Lost Day DECEASED WILLIAMS, Sr. HOHN (Type or print) DEATH Nov 66 S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Hours Apr. 28, 1884 WIDOWED DIVORCED male white 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baker - ret. self-employed Denmark Denmark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 38 Monroe Ct., 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service WW I yes son-John Williams. Jr. Annapolis. none 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: unou. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO P 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg., etc.) at work of work 11 /25 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ 10/17 1963, to 23 1966, and that death accurred of 10 A M, from causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify)

Hillcrest Cemetery

- Annapolis.

Annapolis

1966

2Sb. REGISTRAR'S SIGNATURE

Charle

2So. REC'D BY REGISTRAR

Nov. 28

Hopping

HOPPING FUNERAL HOME

TO FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the

CV

by the funeral Pages I and and

completely filled in

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attending physician ermit. Then please

₽ signed by the burial-transit p

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papers. Pag hin 72 haurs (

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State

be executed within 24 haurs after death

requires that the death

be retained by the haspital ar

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18158 STREET WALLS STREET 15151 To be been METER AND MOTOR START A Christian - The Control INVESTIGATION OF THE PARTY. the Allege District And State 21 42 11 (47) Take I American The section of the se A STREET OF THE PARTY OF THE PA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

151	54		CERTIFICATE	OF DEATH		15159			
1. PLACE OF DE	ATH	Page 1 of the	0.5111827125550		(Where deceased lived, if institut		e admission)		
o. COUNTY	ne Arundel	-	MARYLAND	o. STATE	b. COU	NTY	V		
	OWN (If autside corporate limit	is,	c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carporate limits, write RU	RAL and give neares	it town)		
write RUR Laur	AL and give nearest tawn)		7 vene 11 mos	Machinet	D C	41	3 .		
	HOSPITAL OR INSTITUTION (If n	at in hospital c	7 yrs. 11 mos	d. STREET ADDRESS	on, D. C.	7.2.	e. IS RESIDENCE		
							ON A FARM?		
	dren's Center				Children's Ho	SUILAI	YES NO X		
3. NAME OF DECEASED		irst	Middle	Last	4. DATE Mon	th Day			
(Type or prin		chard	Patrick	Young	DEATH NOV.	25	19 66 I IF UNDER 24 HRS.		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Haurs Min.		
Male	White	WIDOWED	DIVORCED	1-16-56	9 Yrs.				
	PATION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or fareign country)	12. CITIZEN OI COUNTRY ?			
	orking life, even if retired) utionalized	134	IDUSTRY	Washing	ton D C	IISA			
13. FATHER'S N.				14. MOTHER'S MAIDEN					
	71-1			P.1.41	. n v				
IS WAS DECEAS	Unknow ED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT	Barbara Youn	ess ess			
(Yes, no, or unkr	iown) (If γes give war or dotes	at service)							
No				<u>hildren's (</u>	enter Hospita		_ Md		
IB. CAUSE	OF DEATH (Enter only one co I. DEATH WAS CAUSED BY:						FERVAL BETWEEN ISET AND DEATH		
0 -	IMMEDIATE CAUSE	(0)	Aspiration (vo	mitus)		11	/25/66		
		TD							
	if ony, which gave)	(b)	Mental retards	tion - seve	ere				
stating the	underlying couse DUI	10							
last.)		Athetoid quadi						
PART II. OT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)								
100							WAS AUTOPSY PERFORMED?		
20g. ACCIDE	NT WAS UNDERLYING	205. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Port II of item 18.)				
	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)								
3 20c TIME	OF INJURY Month, Day, Year	20d. II	NJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, for	rm. 20f. (City or town)	(County)	(State)		
20c. TIME	our a.m.	While	Not While foc	tory, street, affice bldg., et		(**** //	()		
	p.m. 19	at wor			10.50	1000	. (13 (3)		
		spital) often	ded the deceased from_	lan. 15,	1959 to Nov. 2!	5, 19 <u>66</u> , fl	hat (I) (we) la		
	the deceased olive an_	1107, 2	19 00 , and the	it death occurred a	irm, rrom couses				
22a. SIGN	ATURE	- (D. PHYS	MED. STAFF	22b. DATE SIGN			
	amer	- 2 17	torday M		DIRECTOR L PHYS. L	JI NOV. 2	8, 1966		
22c. PHYS		DOVE AN	TO Y Y	22d. ADDRESS	le Conton Inv	mol Mamy	land		
11/5/10	JAMES E.	BOYLAN			's Center, Lau		Lanu		
23a. BURIAL, CR	C16.5		23c. NAME OF CEMETERY OR	*	23d. LOCATION (City or To				
REMOVAL (Nov. 3	0, 1966	Children's	Center	Laurel	A. A	Md.		
24. FUNERAL D	IRECTOR		ADDRESS		D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATU			
1 9	1. H Dince	An -	Y 12	3 d	DEC 6 1966	Musika	1 Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They please remaye carban papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematian, arcentakel, and in any event, within 72 haurs after defith.

